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Factors Influencing Interdisciplinary Team Member Agreement with Social Worker Assessments of Domestic Violence Incidents in the United States Air Force

by

Michael Byron Slack, A.A.; B.A.; M.S.W.

Dissertation

Presented to the Faculty of the Graduate School of

The University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

Doctor of Philosophy

The University of Texas at Austin

August 2002

The Dissertation Committee for Michael Byron Slack Certifies that this is the approved version of the following dissertation:

Factors Influencing Interdisciplinary Team Member Agreement with Social Worker Assessments of Domestic Violence Incidents in the United States Air Force

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Dedication

To my wife [redacted] and our two daughters, [redacted]

Your love and belief in me makes it all worthwhile

Acknowledgements

A project as encompassing as a doctoral dissertation is not the work of one person, but is constructed piece-by-piece through the assistance of many individuals. I would like to take this opportunity to recognize some of the people who have provided invaluable support to me during the course of my research.

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As my dissertation advisor, Dr. Allen Rubin has been my guide and mentor throughout the past two years. The decision of who to work with as an advisor is an important one, and I am pleased to say I made an excellent choice. Allen has been available for consultation whenever needed and always provided piercing insight into any dilemma that arose. His optimistic attitude helped contain my anxieties and I have greatly appreciated his willingness to share his wealth of knowledge and experience with me.

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Ph.D. program, Cal has been providing guidance and support from my first day on campus. His 'can-do' attitude made a challenging data analysis process a delight.

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This study could not have been accomplished without the assistance of my colleagues in the United States Air Force. Special thanks goes to Lieutenant Colonel Dari Tritt and the entire Headquarters Air Force Medical Operations Agency (HQ/AFMOA) staff at Brooks AFB, Texas. LtCol Tritt's input as a member of my dissertation committee was invaluable and this study would likely have not been possible without her support. Also, I would like to acknowledge the Family Maltreatment Case Management Team (FMCMT) members who participated in this study. I was truly impressed with the professionalism they showed throughout the research process.

Above all, I am indebted to my family for giving my life purpose and meaning. To my parents, thank you for instilling in me the importance of caring about others and believing in yourself. To my wife and children, thank you for your unconditional love and patience with me over these past three very busy years.

Factors Influencing Interdisciplinary Team Member Agreement with Social Worker Assessments of Domestic Violence Incidents in the United States Air Force

Publication No.____________

Michael Byron Slack, Ph.D.
The University of Texas at Austin, 2002

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This study tested four hypotheses related to the propensity of interdisciplinary team members to agree with clinical social workers in their assessment of alleged spousal abuse incidents. Domestic violence intervention in the United States Air Force (USAF) involves social work evaluation of all suspected cases of spousal maltreatment. Following these assessments, a team of professionals (social work, law enforcement, legal, clergy, health care, family specialists, and military command representatives) entitled the Family Maltreatment Case Management Team (FMCMT) is convened to hear the specifics of the social work evaluation. Decisions are then made regarding whether the incident meets the criteria for abusive behavior (case substantiation); and if so, what services will be provided for the family members (case management). Literature review in the areas of family violence, military social

work, group dynamics, group decision-making processes, and interdisciplinary team approaches revealed no prior studies having been conducted on the USAF FMCMT process. One hundred sixty-seven FMCMT members from twenty-two USAF installations completed survey materials to test whether factors such as provision of the social work recommendation, professional affiliation, disciplinary orientation, or task-related experience were predictive of agreement with social worker case assessments. The use of a hierarchical multiple regression analysis method for three of the independent variables (providing versus withholding the social work recommendation, offender-control versus victim-services membership type, and task-related experience level) found only the provision of the social work assessment to be statistically significant ($p = .000$). However, the modest effect size found suggests the social work influence over team member decision-making did not appear excessive. Standard multiple regression and Analysis of Variance (ANOVA) was used to test the fourth independent variable consisting of the professional disciplines that comprise the FMCMT. None of the individual professions were found to differ significantly related to agreement with the social work case assessment. Demographic variables such as age, gender, ethnicity, marital status, and military status were controlled for in an attempt to clarify the relationship between the dependent and independent variables. Implications for policy and practice are discussed, and suggestions for future research are given.

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Chapter 1: Problem Statement

INTRODUCTION

The social work community has long recognized violent behavior between family members as an important problem. Nationally, non-lethal intimate violence in the United States affected an estimated 840,000 adult female victims and 150,00 adult male victims in 1996 (U.S. Department of Justice, 2000). Some writers suggest these numbers may be even higher as much abuse goes unreported to those in authority. For example, Zorza (1995) estimates that as many as 3.9 million American women experience a serious assault by a partner each year. Among reported cases, those at highest risk for nonlethal intimate partner violence are black females (11.1 per 1,000), 20-24 year old females (21.3 per 1,000), females with household income less than $7,500 annually (20.3 per 1,000), and divorced/separated females (31.9 per 1,000) (Sourcebook of Criminal Justice Statistics, 1999). In 1998 homicides by intimate partners claimed 512 male and 1,317 female victims. Lethal violence involving female victims killed by intimate partners has accounted for about 30 percent of all female deaths since 1976 (Bureau of Justice, 2000). From this national perspective, it is noted that 28 percent of violence against women and 5 percent of violence against men is being perpetrated by intimates (Bureau of Justice, 2000). Despite the differences in the above estimates, they all reveal the domestic violence problem in the United States to be both large in actual numbers and pervasive in its impact.

Domestic violence rates in the United States armed forces generally parallels rates in the civilian community. A study by Heyman and Neidig (1999) compared spousal aggression rates of military and civilian populations. They utilized the 1985 National Family Violence Survey data for their civilian sample along with survey data gathered from 1990-1992 at 38 Army installations. A comparison of these two data sets found a 2 to 3 percent higher violence rate in the Army sample than was found in the civilian sector. The researchers noted however that the "differences are mostly due to differences in race and age between the two populations, not to abuse propensity" (p. 241).

These data contradict articles written much earlier that voice concern that military members are at higher risk for committing domestic violence than their civilian counterparts. Differences in demographic characteristics between military members and civilians represent one hypothesis as to why domestic violence rates are higher in the military. Elder (1987) noted in his dissertation on spousal abuse in the armed forces that "military families appear to be at high risk for spouse abuse based on the age group of active duty personnel" (p. 1). Of particular concern in his argument is the separation of young members and their spouses from their natural support systems (extended family and friends) due to the mobility inherent in a military lifestyle. If his thesis is correct, then it is not just age differences that explain differences in domestic violence rates. Instead, the explanation is better accounted for by the interaction between age and the military environment.

The increasing percentage of military members who are married while serving on active duty may also be impacting the rate of marital violence in the armed forces. In 1980, 62 percent of USAF members were married, compared to 67 percent in 1990 (United States Air Force Personnel Center, 2001). Bowen (1985) surveyed 664 married couples to better understand how the USAF was supporting this change from "a bastion of single men to an institution of families" (p. 459). His study found that USAF married families faced a variety of stressors not encountered by typical civilian married couples. As examples of unique stresses faced by military families, he highlighted issues such as assignments to hazardous duty locations, possible physical harm or death to the military member, isolated settings where families may have little knowledge of the native language and culture, and the primary importance of the USAF mission over family considerations.

Finally, Raiha (1982) outlined what she viewed as problems specific to a military lifestyle. Being an active-duty Army social worker at the time of writing the article, Raiha commented on factors from her clinical experience that had contributed to spousal abuse incidents in her clientele. She identified finances (low pay and restricted cash reserves for younger enlisted members), job stress (issues of limited control and extensive responsibilities), intercultural marriages (issues of differing backgrounds and expectations), separation (both from nuclear and extended family), and the nature of the military (organizational culture and power structure) as factors that increase the level of stress and may lead to marital instability (pp. 105-108).

Data from the United States Air Force confirm that domestic violence continues to be an issue of concern. Statistics compiled by the Air Force Medical Operations Agency indicate that substantiated spousal abuse cases in the United States Air Force (USAF) consistently increased between 1987 (2,559) and 1993 (3,566). This increase coincided with an overall decrease of 84,000 in the spousal population during this time frame. One possible explanation for these numbers may be the increased emphasis placed on domestic violence in the FAP standards during this time period. The most recent numbers show a total of 3,641 substantiated spouse abuse cases in 2000 (Air Force Medical Operations Agency, 1999). These numbers are again in the face of a dramatic draw down in the numbers of active duty Air Force personnel, which occurred between 1993 and 2000. Recent years have seen increased dedication through armed forces programs to address the violence occurring within military households. Prevention and intervention programs have targeted families to attempt to decrease violent episodes. Some strategies have proven beneficial, but the large majority remains unexamined and their overall benefit is unknown.

The Department of Defense has recognized the need to address the social problem of spousal abuse within the armed forces. A congressionally mandated task force was established by the National Defense Authorization Act for fiscal year 2000 (Public Law 106-65) to study the impact of intimate violence within military communities. This group, the Defense Task Force on Domestic Violence, has as a central goal to improve the military's response to domestic violence from both a prevention and intervention perspective. Workgroups within

the task force review areas such as community collaboration, victim safety, offender accountability, and education/training to make suggestions on how to revise prevention and intervention strategies.

Since social workers are typically charged with the responsibility of coordinating services related to spouse maltreatment in all branches of the military, these task force findings and recommendations may impact the work of social work administrators and providers. An important component of current policy impacting social work intervention is the use of an interdisciplinary team concept to make decisions about case substantiation and case management plans regarding domestic violence incidents. However, the task force is not examining this component as an area that may need to be improved. Therefore, this study proposes to fill this gap by focusing on the interdisciplinary team concept currently being used to make decisions regarding case substantiation and case management plans on incidents of domestic violence between military couples. This research endeavor thus dovetails nicely with the task force workgroup examining education and training related to domestic violence. Before expanding further on the specifics of the study, a brief history of the USAF Family Advocacy Program (FAP) may assist in clarifying the steps taken to address spouse abuse to date.

HISTORICAL DEVELOPMENT OF THE USAF FAP

The United States Air Force (USAF) became the first branch of the armed forces to develop programming targeted specifically toward family violence. With the implementation of Air Force Regulation 168-38 in 1975, the

USAF established its Child Advocacy program under the management of the Office of the Surgeon General. Initially this program was given little financial or staffing support to undertake its mission. A 1979 report from the General Accounting Office (GAO) noted, "the programs were little more than administrative mechanisms to formalize the existing structure" (Daley, 1999, p. 55). By highlighting issues such as inadequate staffing and inconsistent service provision, the GAO report energized commitment from the Department of Defense (DoD) to upgrade each of the branch's family violence programs.

One of the first steps aimed at assisting families was the establishment of the Military Family Resource Center in 1980. This program was initially funded through the Department of Health and Human Services as an attempt to provide information and referral services to military families. The DoD recognized the success of this program and institutionalized it within the military in the form of the Family Support Center in 1984. Each military installation worldwide now has a Family Support Center attached to it. The GAO report also spawned development of DoD Directive 6400.1, "Family Advocacy Program", in May 1981. This directive "required each of the services to establish a broad-based program providing for the prevention, identification, reporting, treatment, and follow-up of child and spouse abuse" (Daley, 1999, p. 57). The USAF formalized the DoD Directive by establishing the Air Force Family Advocacy Program (FAP) later that year through Air Force Regulation 160-38. This revision combined spouse abuse with the previously existing Child Advocacy Program and officially changed the title to form the Air Force Family Advocacy Program. The

act of placing the Family Advocacy Program (FAP) under a DoD directive legitimized it in the eyes of line commanders. No longer was it a voluntary program operated solely by the base medical service. The Family Advocacy Program was now a consolidated program with DoD and congressional oversight and funding.

Throughout the 1980s and 1990s several congressional and DoD initiatives were passed that altered the landscape of family service provision in the armed forces. The Military Family Act of 1985 mandated creation of an Office of Family Policy to "coordinate all programs and activities of the military departments regarding military families" (Daley, 1999, p. 58). This office paved the way for increased funding and oversight of military Family Advocacy Programs along with a 1986 revision of the DoD directive to include a central registry to allow tracking of all family violence cases that occur on military installations.

From 1988 to 1998 the military Family Advocacy Program grew rapidly. Armed with data gathered from the central registry reports, Family Advocacy Program Managers petitioned the DoD and Congress for funding to provide greater prevention and intervention services to combat the reported increase in the number of incidents occurring throughout the armed forces. New programs such as the Family Advocacy Command Assistance Team (FACAT) and the New Parents Support Program were developed to address areas identified as underserved by current FAP services. These prevention/outreach programs required professional and clerical staffing to allow for effective implementation.

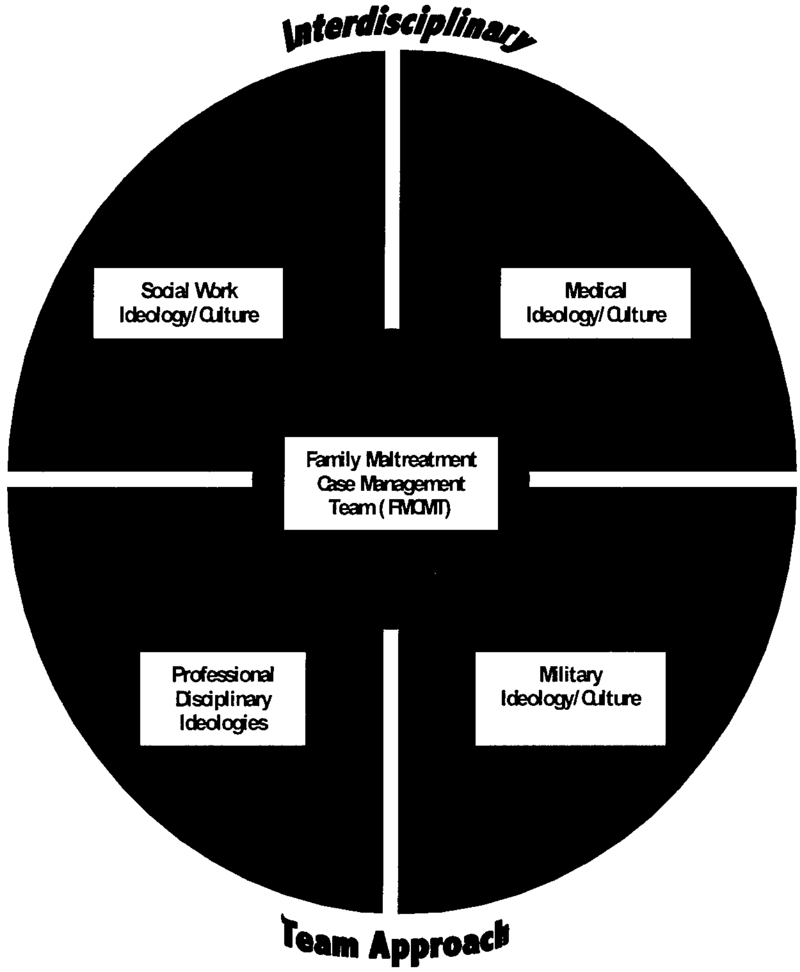
The civilian community provided this staffing through civil service contract positions. The change noted in the FAP from its inception in 1975 to the present time is an impressive one. For example, USAF FAP staffing rose from 150 personnel in 1988 to over 500 staff positions by 1998 (Daley, 1999). Where most facilities operated initially with only an active-duty social worker assigned as the Family Advocacy Officer (FAO) with an enlisted member assisting them on a part-time basis, each Air Force installation currently has a minimum FAP team that includes the FAO, a Family Advocacy Treatment Manager (FATM), a Family Advocacy Outreach Manager (FAOM), a Family Advocacy Nurse (FAN), and a Family Advocacy Data Support Specialist (FADSS). Larger installations may be authorized several more staff positions due to the increased number of cases seen at these bases.

DESCRIPTION OF THE PROPOSED STUDY

This study examines possible deficiencies in the team approach used to determine which alleged spousal abuse incidents in the USAF meet the DoD definition for domestic violence. The decision-making process regarding intimate violence incidents in the USAF involves the use of an interdisciplinary team called the "Family Maltreatment Case Management Team" (FMCMT, See Figure 1). It consists of a variety of base officials (i.e., social workers, police, attorneys, physicians, family specialists, clergy, military representatives) that presumably bring individual disciplinary expertise to identifying and intervening with spousal abuse incidents. This team meets monthly and is charged with the

task of reviewing all suspected domestic violence incidents that occur within their jurisdiction and determining whether the incident constitutes a case of abuse (substantiation), and if so, what treatment services (case management) should be implemented. Since several thousand such cases occur annually within the USAF, this is a task that carries with it much responsibility.

Figure 1: FMCMT Interdisciplinary Team Approach



The assumption underlying the use of an interdisciplinary team concept rests on the belief that decisions made by a network of professionals will be superior to decisions made by a single disciplinary group. The call for team approaches to address social problems such as family violence is a common theme running throughout the literature. While writing on the problem of youth violence in the United States, Sardella (1993) notes, "my response was that the problem was so multifaceted, it goes beyond just psychology, just social work, or just public health……It requires interdisciplinary examination" (p. 36). Some researchers exploring the field of domestic violence have also drawn similar conclusions. In their study of standards for batterer programs in the United States, Austin and Dankworth (1999) advocate use of a *Community Response Model* for communities developing services to address domestic violence. They note that in ninety-two percent of the state standards for intervention programming reviewed "a coordinated community effort in ending domestic violence was identified as a necessary intervention" (p. 160). Hampton (1999) advocates a *Community Agency Coordination* model that stresses involvement by key community members (i.e., police, attorneys, victim advocates, politicians) to support victim rights and hold offenders accountable for their behavior. Shields et al. (1998) concluded from their retrospective case study of 153 emergency room medical records of female spousal abuse victims that "a coordinated response based on an interdisciplinary

health care model is most appropriate in terms of a responsive and coordinated intervention" (p. 43).

However, Klein (1990) warns that "interdisciplinarity does not spontaneously emerge by putting a combination of specialists in close proximity" (p. 116). Concern exists that the concepts of "community response" and an "interdisciplinary team approach" might be seen as interchangeable when, in actuality, they are quite different intervention strategies. They may exist in conjunction with each other but neither can adequately substitute for the other. Community response models focus their attention on a broad spectrum of activities to include:

1. Education of professionals regarding treatment methods;
2. Legislative lobbying to influence policy regarding domestic violence; and
3. Media efforts (articles, books, films, etc.) focused on domestic violence (Hampton, 1999, p. 77)

By contrast, interdisciplinary team approaches to social problems such as domestic violence involve bringing several professional experts together to review cases and make decisions/recommendations regarding intervention and treatment. As described by Klein (1990) in her book entitled <u>Interdisciplinarity</u>; "interdisciplinary care is linked with the biopsychosocial model of health care......there is an ontological premise at the heart of the biopsychosocial model that reality, at any given time, is likely to be only a cross-section of perceptions"

(p. 140). The result of interdisciplinary collaboration is to combine the perceptions of experts in various fields to gain a holistic view of the problem area under study. The assumption that accompanies this ontology rests on the belief that "teams have a greater chance of gaining an objective reality of a patient" (Klein, 1990, p. 141) than do individuals or teams composed of a single professional discipline.

Military social workers comprise the professional group with the primary responsibility to assess potential cases of spousal abuse and make recommendations regarding case substantiation and/or case management plans. Also, all USAF Family Advocacy Programs are led either by an active-duty or civilian social worker, and the large majority of FATM's (treatment providers) are civilian social workers. The full-time nature of the FAP job, along with the training and support received through the USAF FAP headquarters, makes the social work staff assigned to it very cognizant of both the dynamics of spousal abuse and the ramifications of the decisions made regarding these cases.

In contrast, many of the FMCMT members are assigned by their respective units/departments (attendance/participation for most members is an "additional duty"). This assignment may either be at the request of the individual or due to departmental staffing/training needs. The commander has final authority over how his or her troops are assigned to such details; accordingly the FAO may have little to no input into the composition of the FMCMT. Attendance may vary

widely from installation to installation due to leave status, training rotations, deployments, or permanent change of station of FMCMT members. Since both a primary and secondary member are assigned from each agency, attendance of the primary member at an FMCMT meeting may be inconsistent. In fact, it may be more common that no single collection of group members is able to attend two or more meetings throughout the same year. In her study of the U.S. Army FAP Case Review Committee process, Dorsey (2000) noted that consistent attendance of meetings by non-FAP staff was an area of frequent concern. Nevertheless, FAP standards place a high priority on developing assigned members into a cohesive team. This is described in standard M.1,

> "Teamwork is essential for an effective FMCMT. Team-building starts with recruiting members who have the expertise needed and will take their responsibilities seriously. The FAO should work with directors of other involved agencies to recruit committed, effective team members. It is important to establish a climate of mutual respect conducive to open and honest discussion, non-confrontational airing of differences of opinion, and development of shared perspective on processes and cases. The team needs to work together to establish a consistent understanding and the use of the incident status determination process, maltreatment definitions and codes, and the key elements of an intervention plan. Team-building is an ongoing process, and it is important for the FAO to be sensitive to incorporating new members, and identifying and resolving barriers to effective team processes".

A related concern with this process is whether these team members have the basic knowledge about spouse abuse and the FMCMT process needed to make the type of decisions being asked of them. FAP standard M-1.10 directs that "all FMCMT members, and alternate members, will be trained at least annually on their roles and responsibilities regarding the determination review process, the dynamics of family maltreatment, and updates of policy issues pertaining to the

FAP. Training will include policies and procedures regarding the importance of client privacy, limits of confidentiality and informed consent". Although an Air Force (AF)-wide training video has been developed to provide basic information to the FMCMT members regarding their duties, it may be a mistake to assume this alone provides an adequate knowledge base to allow them to make informed decisions regarding substantiation of these complex cases. When the requisite training for and consistent attendance of FMCMT members cannot be guaranteed, the efficacy of the interdisciplinary team approach currently being used is called into question.

One-way FMCMT members might address these training and attendance deficiencies would be to rely on the professional expertise of the clinical social worker assessing each case. The USAF recognizes social work as the professional discipline that is the "expert" in family violence. Air Force Instruction 40-301:Family Advocacy specifically guides the Director of Base Medical Services (DBMS) to "appoint a clinical social worker to serve as the Family Advocacy Officer" (AFI 40-310, 1.6.1). Only if a social worker is not available on the installation is the DBMS to appoint other qualified mental health officers to this position. The leadership of the USAF FAP headquarters is also staffed primarily by social workers, as are USAF FAP programs worldwide. FMCMT members are aware that the FAO chairs each meeting and his/her social work staff provide assessments and clinical interventions on all cases. The recommendations of the social worker assessing each case are, therefore, assumed to carry great weight with FMCMT members.

This potential to influence an FMCMT member's decision-making process has led some installations to adopt a strategy of withholding the social work recommendation regarding case substantiation. The team is thus given only the basic facts of the case with the social worker making no statements regarding whether he or she would consider the incident being presented as abusive in nature. This strategy does not reflect a DoD or USAF policy regarding case presentation and is not being utilized consistently across the USAF. It has been implemented by some Family Advocacy Programs due to their concerns that FMCMT members are unduly influenced by the social work recommendation and thereby vote in accordance to that professional assessment. The notion that interdisciplinary team members 'rubberstamp' the dominant ideologies (social work) assessment has never been empirically researched within a military domestic violence program specific approach. With the above considerations in mind, this study has four aims:

1. To assess the impact of the social work recommendation on FMCMT members' decisions regarding case substantiation;
2. To assess the degree of difference between the professional disciplines in the following of social work recommendations;
3. To assess the impact of disciplinary orientation in the following of social work recommendations; and
4. To assess the impact of member confidence in their level of training and experience in the following of social work recommendations.

Chapter 2: Literature Review

INTRODUCTION

Social work practice within the military community represents a unique and varied arena for practitioners and researchers. Information presented through previous research focuses on general descriptions of the interface between social work practice and the armed forces. Little attention is paid to the process or outcomes of collaborative efforts between social workers and other disciplines in the delivery of specific services.

Of particular interest is the apparent gap in the literature relating to interdisciplinary teams developed to intervene in family abuse incidents that occur on military installations. Although these teams have been operating for over twenty years, only recently has an attempt been made to empirically study their effectiveness. This is unfortunate due to the unique nature of the mission of the Family Advocacy Program, the composition of the interdisciplinary team, and how it functions within the military environment. Some corporations have in-house employee assistance programs, but no other organization accepts the responsibility for identifying, assessing, and intervening with cases of child and spouse maltreatment that occur within the families of their employees in the comprehensive manner of the armed forces.

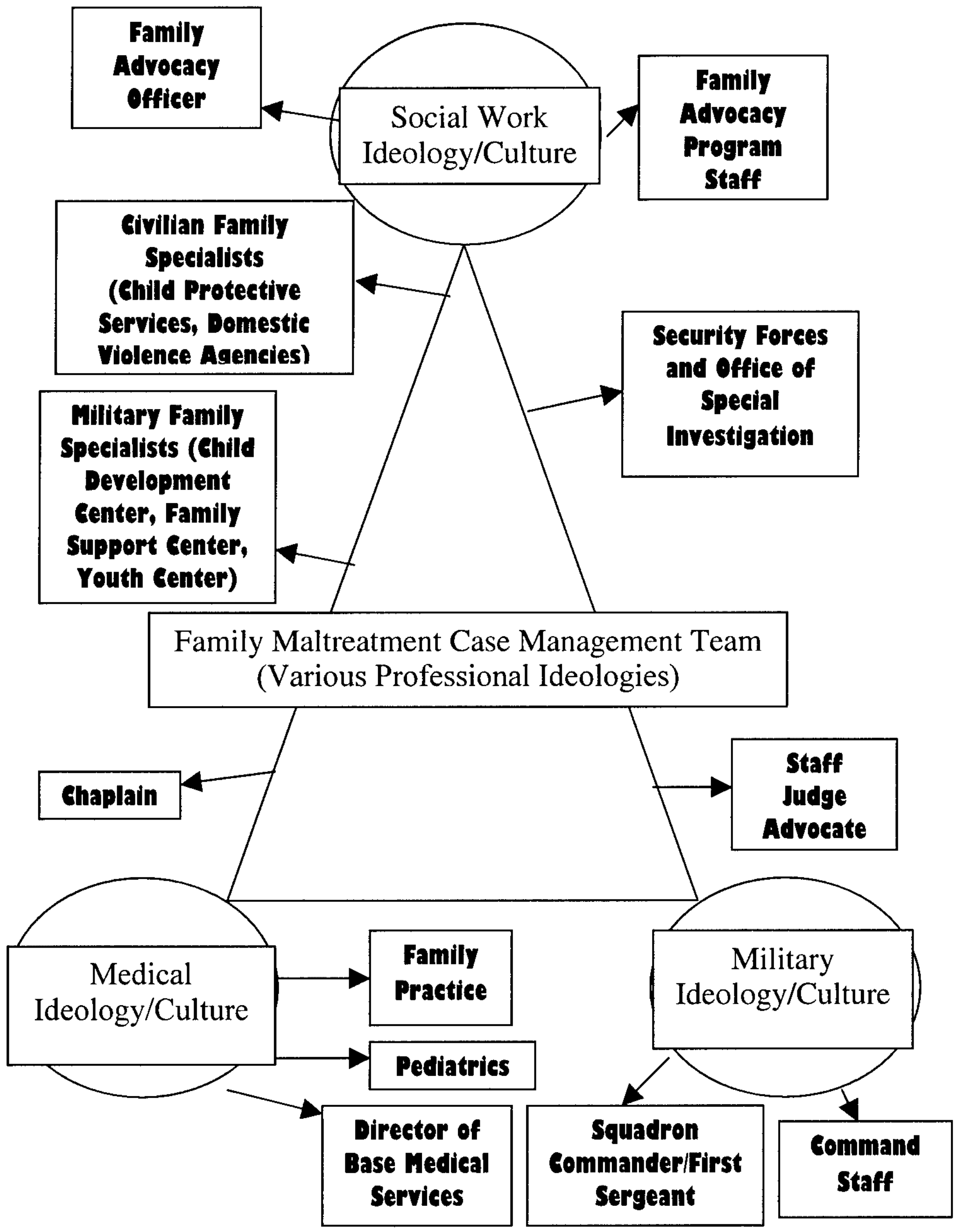
The teams charged with this task (entitled Family Maltreatment Case Management Teams) have a professional membership which includes representatives from base agencies such as family advocacy (social work), staff

judge advocate (legal), physician/physician assistant or nurse practitioner (health care), security forces and office of special investigation (law enforcement), family support center (family specialist), and chaplain (ministry). In addition, community representatives from the child protective services and domestic violence centers along with command staff are invited to attend and participate in these meetings. Teams meet monthly with the task of working as a cohesive group to: 1) make decisions regarding substantiation of family violence incidents that occur on the military installation; and 2) make decisions regarding case management plans if the incident is deemed abusive in nature (USAF Family Advocacy Standard M-1, 1999). The overall goal of this process is to successfully intervene into the family situation to prevent the occurrence of further abusive behavior.

A review of pertinent literature in the areas of military social work, family violence, group dynamics, team decision-making processes, and interdisciplinary team approaches may assist in illuminating the conceptual elements of such groups and how each discipline views spousal abuse through its own idiosyncratic professional lens. Per USAF FAP standards, *spousal abuse* refers to "the social problem in which one's property, health, or life are endangered or harmed as a result of the intentional behavior of another family member" (FAP standards, 1998). This review thus serves the purpose of setting a foundation for the study of how professional ideologies shape an understanding of intimate violence and subsequently impact decision-making within an interdisciplinary team approach. Materials regarding the organizational culture of

the military and medical centers are also included as these are the settings under which all FMCMTs operate (see Figure 2).

Figure 2: FMCMT Conceptualization



This chapter will begin by exploring the organizational structure of the USAF Family Advocacy Program. Information on such areas as (a) the FAP as a human service organization, (b) its organizational structure and program design, (c) service delivery networks, (d) service user base, (e) interaction with various professional disciplines, and (f) role of the Family Advocacy Officer will be provided to give the reader an overview of this complex enterprise.

This analysis will be followed by a discussion of social work service in the armed forces. Literature on family violence will then be provided to place in context the complexities an interdisciplinary team faces in making decisions related to this social problem. Review of the more general theoretical underpinnings of interdisciplinary practice will provide the conceptual framework for this study. Since interdisciplinarity presupposes the use of various professionals operating as a unit, a review of group/team literature is needed as a foundation for further exploration of more specified groups such as the interdisciplinary team. A focus on group decision-making theory and related studies will address a key component of interdisciplinary team functioning.

Next, definitions of what is meant by an interdisciplinary team approach and the advantages and disadvantages of such an approach will be summarized. Included in this section will be a description of the role professional ideologies play in the decision-making process. The chapter will conclude with a review of literature related to occupational ideology. This review of professional

ideologies, coupled with specific disciplinary material on the membership of the Air Force FMCMT, will delineate each profession's overall stance regarding the problem of spousal abuse.

ORGANIZATIONAL STRUCTURE OF THE USAF FAP

The issuance of DoD Directive 6400.1 in 1981 mandated implementation of the Family Advocacy Program at each USAF installation. This mandate created a set of challenges to the professionals assigned to carry out this initiative. The introduction of family violence programming within the military environment has had a ripple effect felt across the USAF. The next five sections will utilize chapters from David Austin's soon to be published book, Human Service Management: Organizational Leadership in Social Work Practice, to explore how the USAF has handled implementation and operation of its Family Advocacy Program. Attention will be paid to understanding the FAP as a human service organization, how important military and civilian stakeholders relate to the FAP, program design issues and service delivery networks, and the role of the service user and executive in the FAP. This overview will allow for an understanding of the inner workings of this critical program.

The FAP as a Human Service Organization

The concept of a human service organization located within a military community may appear confusing to the casual observer. The USAF mission of "Fly, Fight, and Win" does not seem to include a caretaking function for military families. People, however, are the lifeblood of any effective

organization. The USAF subsequently provides for both active duty personnel and their families to achieve the mission stated above. When family problems arise that threaten the active duty member's ability to perform their job, programs such as Family Advocacy intervene to remedy the situation. But what does it mean to be a human service agency within a larger organization such as the USAF? Do conflicts arise between the mission of the USAF and the mission of the FAP?

Austin (2000) states, "human service organizations produce services which result in both 'public' benefits and 'private' benefits" (p. 9). The question of allegiance arises frequently within the FAP. Does the FAP align with the family receiving services or the military community that has sent them for care? What may be of benefit to the service user may not be seen as beneficial to the larger organization. An example of this dilemma lies in the issue of client confidentiality. The service user will undoubtedly see complete confidentiality as necessary for full engagement in FAP services. Military commanders, however, will request frequent updates on their troops condition and use of services to make crucial decisions about deployment and flight status. FAP staff must walk a fine line regarding disclosure or risk alienating clients or command staff.

The issue of dual loyalties also extends to the professional identity of USAF social workers. Do they see themselves as military social workers or as social workers in the military? This may seem to be just a matter of semantics, but upon closer inspection it describes the complexity of their dual professional identities. The military officer takes an oath to support and defend the Constitution of the United States against all enemies, foreign and domestic. This

is seen as the primary responsibility of the officer and supercedes all other responsibilities. Social workers operate under a code of ethics that calls for them to protect the social worker/client relationship. These obligations can compete with each other and create difficulties for the social worker that is also a military officer. One example of this dilemma is the military policy defining marital infidelity as a violation of the Uniform Code of Military Justice (UCMJ). What should be the military social worker's response if an active duty FAP client discloses an extra-marital affair? Under the Uniform Code of Military Justice this disclosure would normally require the officer to inform the service member of his or her legal rights and contact the military police. Social work clinical training and ethical standards informs a diametrically opposed position on how to respond to such a disclosure. These scenarios are commonplace within the daily operation of the Family Advocacy Program and place a premium on the decision-making process that exists within the FAP.

Stakeholder Constituencies

The Family Advocacy Program is one of the most visible entities on an Air Force installation. This is in large part due to the power of the individuals who have a vested interest in the successful operation of the FAP. The United States Congress appropriates funds within the Defense budget to allow for staffing and general FAP resources for each service branch. The Secretary of the Air Force, along with the USAF Surgeon General, develops policies and provide guidance specific to the USAF FAP. The major commands within the USAF are to identify specific resources needed for successful implementation of the FAP

throughout their respective areas. These are powerful stakeholders from outside the military installations who require strict accountability regarding funding usage and service outcomes.

Wing Commanders hold the most powerful position on any USAF installation. As a USAF version of the Chief Executive Officer, they are generally the highest-ranking military members assigned to the base. The DoD directive places responsibility on each wing commander to implement the FAP, ensure its effectiveness, and gather all necessary support for the program at his or her particular installation. They, in turn, delegate to the Director of Base Medical Services (hospital commander) the administration and monitoring of the installation FAP. The hospital commander then assigns a Family Advocacy Officer to run the programming. This is typically delegated to a junior social work officer assigned to the mental health department within the medical center.

The stakes are therefore very high for those directly responsible for the FAP. Congress is concerned that the funds be used efficiently and that FAP services are effective. The higher-level USAF officials have a dual interest related to overall readiness of military personnel and public relations issues regarding family violence within their sphere of responsibility. A Washington Post article or 60 Minutes expose on the rising rates of child or spouse abuse in the Air Force may cause embarrassment and set in motion a chain of requests for local base level information. Installation officials face accreditation inspections that take into account the operation of the FAP. Career aspirations are tied into successful outcomes of these major inspections. If problems are noted, questions regarding a

commander's leadership ability may arise. This could result in dismissal from a current post or impact future promotion opportunities.

Service users (FAP clients) and their squadron commanders are also vital stakeholders. The functioning of the FAP impacts their daily lives. Squadron commanders are concerned about the presence of violence in one of their team's families. They worry about the impact this will have on their troop's ability to complete tasks and perform duties. They may have mixed feelings on the nature of the referral and blame the family member for creating the difficulty. Service users may be resistant to or welcome the FAP intervention. For a FAP to be truly effective, the social work officer must consider each stakeholder's position and attempt to meet their needs as much as possible. To dismiss the importance of any group places the program in peril.

Program Design

The United States Air Force operates as a machine bureaucracy. Austin (2000) describes a machine bureaucracy as having a "standardization of work processes and a closed system of action" (p. 4). The USAF clearly operates under a hierarchy that values tradition and following orders and procedures. This highly formalized authority structure has served the military well and allows for consistency despite frequent turnover of a mobile personnel force. The USAF medical service (and the FAP in particular) operates more as a professional bureaucracy where "the emphasis is on standardization of skills, rather than work processes" (p. 9). The primary profession involved in administering the FAP is social work. The FAO (usually a junior social work officer) has a high degree of

authority but generally grants autonomy to his or her staff members in developing and running the particular program components.

The basic design of the program is outlined in Air Force Instruction 40-301, *Family Advocacy.* This instruction implements DoD Directive 6400.1 at the Air Force level and focuses on the specific tasks related to FAP responsibilities, program and case management functions, disposition of personnel, civilian staffing, and the Exceptional Family Member Program requirements. This instruction, along with accompanying program standards, is published through the Headquarters Air Force Medical Operations Agency (HQ/AFMOA). A division of HQ/AFMOA has seven major functions related to the USAF Family Advocacy Program. These are: 1) Producing and updating FAP policy guidance; 2) Building and submitting annual budgets to the DoD for FAP funding; 3) Coordinating USAF activities serving special needs and maltreating families; 4) Maintaining the Central Registry of family maltreatment; 5) Analysis and reporting of central registry data to the DoD; 6) Providing education and training to key FAP personnel, and 7) Providing graphics support to base level, major command, USAF, and DoD recipients (Hagen et al., 1993).

By design, the USAF FAP has centralized program oversight through HQ/AFMOA for the 87 satellite locations it operates worldwide. Since these satellite locations are mainly housed within medical facilities at USAF installations, the theory of intervention follows a medical model. A professional specialist (usually a clinical social worker) provides treatment for the specific problem of spouse or child abuse. Many social workers infuse the medical model

with other orientations (such as a person-in-environment or deviance perspective) that they feel better suits the purposes of the FAP.

Military medical services are intended only for DoD eligible citizens. Access to the FAP is further limited in that only active duty service members and their dependents are eligible for care. Clinical service provision is strictly monitored with no exceptions made while some allowances are made for civilian participation in prevention and outreach services. This makes for an inclusive access allocation policy that defines "characteristics of individuals that are eligible for service" (p. 63).

Service Delivery Network

Family advocacy programs must coordinate with a vast array of collateral agencies to meet their mission. Much of the success or failure of an installation FAP may be traced to its ability to collaborate with these agencies. Team-building skills are essential for optimal functioning, as each agency has competing interests. The network that develops around the installation FAP includes the: 1) Staff Judge Advocate; 2) Security Police; 3) Office of Special Investigation; 4) Family Support Center; 5) Child Development Center; 6) Youth Center; 7) Pediatrics Department; 8) Family Practice Department; 9) Emergency Room; 10) Chaplain Service; and 11) Child Protective Services (CPS). All these players interact with the FAP in important ways but may have quite different agendas. The Legal office may suggest that the offender not discuss the case with the FAP staff due to risk of disclosing incriminating information. The local CPS worker may be at odds with the pediatrician over different assessment outcomes.

A family member may disclose to the base Chaplain during confession an incident of spousal abuse but refuse to seek FAP services. The political dynamics can resemble those of a small community where both personal and professional issues can make for a confusing decision-making process.

There are numerous organizational processes at work due to the variety of services provided under the auspices of the FAP. Program components include child and spouse maltreatment intervention, exceptional family member program, new parents support program, in-home daycare provider screening, overseas clearance screening, and prevention/outreach services. The entry point to all of these programs is through the base FAP for routing of referrals to the staff member in charge of a specific area. Austin (2000) identifies this pattern as 'loosely coupled' due to the "program components functioning as semi-autonomous units within an inclusive administrative structure" (p. 5). Boundary spanning occurs at both the programmatic and interorganizational levels. FAP staff members representing primary, secondary, and tertiary prevention program components regularly interact with each other in weekly staff meetings. Contact with personnel outside the program to gather information and provide client case management services is also performed on a daily basis. Programmatic communication is enhanced by FAP program components typically being housed in the same wing of the medical facility. The opportunity exists for greater communication between program components as a result of this internal networking strategy.

Transactions between the FAP and other organizations best fit the collaborative exchange model where "several organizations contribute jointly to an activity which benefits all the organizations" (Austin, 2000, p. 24). The value of the FAP to the base legal, law enforcement, and family services agencies is readily apparent. It is equally true that the FAP could not function without the assistance of the other base agencies. The common thread that exists is the value of each agency to the overall mission of the USAF. Our civilian counterparts in child protection agencies appreciate the structure imposed through the Air Force system as it assists them in case management.

Service User Role

FAP service users are a varied group. They may consist of an active duty female with a high risk pregnancy receiving case management services, a couple attending a parenting education course, a battered wife receiving counseling services, a family being screened for an overseas assignment, a dependent wife being interviewed due to her in-home daycare application, or a family requesting services for their special needs child. They may have voluntarily sought services or were mandated to attend due to a specified family situation. There may be legal, economic, or career ramifications pending the outcome of FAP intervention. Due to the complexities of the programming, service users may not clearly understand their obligations or rights. In a majority of cases, service recipients come from the enlisted ranks, are under the age of 30, and have limited experience with mental health professionals. On the other hand, the service provider is either an officer or civilian with a

professional degree, generally older than the service recipient, and understands the rules/procedures of the program. This creates a significant power differential between the service user and provider. In addition, the options for care are limited, as the active duty member is required to receive care from the military medical system. Austin (2000) identifies two possible negative outcomes of such a power imbalance. These involve either "an inhibition of the co-production process or preferences of an entire service user category being ignored" (p. 8). For example, the FMCMT process may create case management plans for clients who (in the case of active duty members) find themselves mandated for services with goals they neither agree to nor had involvement in developing.

No single model adequately captures the nature of the relationship between the FAP and the service user. The child and spouse maltreatment component has a *domesticated* pattern as "users are forced to use the service and the organization has limited power to exclude" (Austin, 2000, p. 12). The new parents support program and other prevention/outreach activities have a *public access* pattern. These services are available to all DoD beneficiaries, and requests for service frequently exceed availability to provide them. This forces the FAP staff managing these components to tailor their programs to address specified groups deemed at high-risk for problems.

A frequent complaint by service users is the lack of confidentiality. FAP services are typically located within the medical facility and waiting areas may be in clear view of pedestrian traffic. A service user being seen for family maltreatment will use the same waiting area as one awaiting an overseas clearance

interview or parenting education classes. Many times the FAP also shares a waiting area with the mental health department that further adds to the stigma surrounding receipt of services. Entries for FAP treatment are made into the service users medical record. This entry may be seen by any member of the medical staff at a routine appointment at a later date. This results in increased reluctance for military members and their families to voluntarily seek FAP treatment services.

Role of Organized Professions

The FAP operates from a multidisciplinary perspective. The Family Advocacy Officer placed in charge of the FAP is generally a social work officer. Consequently, the values, theories, and ideology of the social work profession are reflected in the service delivery system. The civilian staff may consist of social workers, psychologists, nurses, and others with clerical/administrative backgrounds. Collaterals that regularly interface with FAP staff include physicians, attorneys, police officers, human development specialists, chaplains, and teachers. FAP personnel also interact with all the other military installation personnel and must understand the cultural identity of the base.

A particular feature built into the FAP from its inception is the avoidance of using diagnostic labels when assessing service users. In fact, FAP clinicians are strictly forbidden by Air Force regulation from diagnosing mental health conditions in their clientele. All records are written in a descriptive,

narrative fashion that outlines the incident bringing the service user into care and goals/objectives of the intervention. FAP staffs are instructed to refer the client to the mental health department for assessment and treatment if a mental disorder is thought to exist. This strategy is intended to maintain the FAP treatment focus on issues related only to family maltreatment. This may also diminish the status of FAP staff, as medical models view the ability to diagnose as a sign of clinical expertise and power.

Role of the FAP Executive

The Family Advocacy Officer (FAO) occupies the role of the chief executive of the installation FAP. This is easily one of the most visible positions an Air Force (AF) mental health officer can occupy on an installation. Most medical service officers are insulated from the daily activities of the base and confine themselves to their particular professional duties. It would not be unusual for a medical officer to complete a 20-year career in the USAF and never have a conversation with a wing commander. Within the first month of being assigned as FAO, a social worker is likely to be known by each squadron commander and have discussed the program with the wing commander. Therefore a major role of the FAO is to be a *broker* between his program and the base leadership. Austin describes a key to success in this role as "being politically astute....to act as a liaison and spokesperson" (p. 15). The ability to fulfill this role requires some

familiarity with the command structure and how decisions are made in the military system.

The FAO is also asked to be a *mentor* to his staff. The dynamics involved in family intervention for maltreatment issues are very complex. FAP staff members require supervision to allow them to maintain objectivity when addressing such emotionally laden content. This can be challenging if the FAO functions in a dual role as both a clinician and program administrator. To find time to complete the tasks at hand along with providing mentorship to staff requires time-management skills and considerable energy.

A third management role calls for the FAO to *monitor* the effective delivery of services. Numerous stakeholders check on the functioning of the FAP to ensure the program is meeting its obligations. The FAO will be held accountable for any perceived failures related to service delivery. This requires the FAO to maintain effective communication with each program component (prevention/outreach, nursing, EFMP, and intervention services) and be aware of any problems that arise.

The complexities of running such a program would naturally call for an experienced officer with clinical knowledge of maltreatment intervention strategies and a background in program management. What occurs in reality may be quite the opposite. As stated earlier, many times the position of FAO is delegated to the most junior social work officer assigned to the mental health

department. This may be someone new to the USAF who recently completed his or her Master of Social Work degree with limited clinical experience. They may never have had an opportunity to manage a human service program at any level. In the best of circumstances they will arrive at their new location and be able to work as an assistant FAO under a more senior social work officer. If they are less fortunate, they will be directly assigned as the FAO but have other social work staff available for consultation. Many times, however, they find themselves in a 'lone ranger' slot where they are the only military social worker on the installation. These situations many times result in a 'seat of the pants' leadership style where survival, rather than quality service, becomes the executive's focus.

Challenges other than assignment location face the FAO. Military officers are frequently re-assigned to new locations and may move every two to three years. Civilian staffing is more stable and may occupy a position for ten to twenty years. This may result in managing a program with staff that have much more experience than does the FAO. When changes are suggested, there may be resistance from the more senior civilians who are comfortable with the past system. Power struggles can ensue that threaten the integrity of the program and morale of the staff. This can be particularly acute with young officers who feel a need to establish their control due to insecurity or naivety. This pattern of assignment can result in early departure of promising officers and diminish the overall quality of the programming AF-wide. Since social workers primarily staff

the installation FAP, a review of literature pertaining to military social work may assist in better understanding their overall role within the armed forces.

MILITARY SOCIAL WORK LITERATURE

In their update on clinical social work in the U.S. Army, Applewhite et al. (1995) surveyed 94 active duty Army and 77 civilian social workers employed on Army installations. The authors report, "within a military organization, social workers are sanctioned to provide a myriad of services to meet the psychosocial needs of active duty service members, retirees, and family members" (p. 284). Medical social work, family advocacy, community mental health, corrections, alcohol/drug treatment and family practice are identified as possible practice domains served by U.S. Army social workers during the course of their career. Seventy-two percent of respondents in this survey cited marital problems, adjustment disorders, and behavioral problems as the most frequent reasons clients presented for care. They conclude by stating, "Although social workers intervene in a variety of situations, issues central to family functioning appear to be salient features of many clients" (p. 285).

A similar overview of military social work also highlighted the needs of the family as a focus of attention. Knox and Price (1999) reviewed the impact of the increasing trend by the military to outsource social work services to the civilian sector to provide care for military families. Due to this phenomenon, they emphasized understanding the culture of the military as being crucial to providing services to this population. A similar study by Bedics and Doelker (1986) also pointed to the difficulties experienced by civilian social workers when

intervening with military personnel and their families. They proposed joint planning between the civilian and military sectors to better coordinate resources for military families. Knox and Price expanded on this problem area by noting the most frequent stressors associated with a military lifestyle include family separations, deployments, and reunions. The struggle in identifying and linking with needed resources is crucial to a population as mobile as those within the military community. Social work is thus viewed as the discipline best suited to deal with the problems of military families due to the profession's person-in-environment perspective. The authors close by citing eight principles for social workers intervening with military families. The theme of these principles involves understanding the culture/rules governing the military and how the norms of that culture impact clients.

A review of the research finds numerous discussions of specific problem areas and how social workers are involved in providing care to a circumscribed population. The Persian Gulf War (1990-1991) provided fuel for writers interested in how social workers mobilized to assist in the war effort. West, Mercer and Altheimer (1994) looked at the outreach efforts of a team of social workers during Operation Desert Storm. Issues relating to help-seeking behavior by soldiers at a combat support post (Rothberg et al., 1994) and coping behaviors by spouses back home (Black, 1993) have been studied to understand social work's role with these subgroups. A more specified subgroup (families of deployed social workers) was also examined to determine the extent of assistance offered them after their spouses were activated during Operation Desert Storm

(Pehrson & Thornley, 1993). There has also been documentation regarding the extent of alcohol use in the armed forces (Bourgeois et.al, 1999; Burt, 1981) available for review and discussion. These studies all share in common the desire to understand the global dimension of problems associated with military personnel and their families and the social work role in assisting them.

Few studies, however, address issues directly related to military social work services for family violence issues. Available studies focus on the history of family advocacy programming or review rates of violent family behavior. Bowen (1984) provides an overview of family advocacy program development in each service branch. He traces the genesis of military spouse abuse programs from civilian child abuse initiatives and legislation that were enacted in the mid-1960's to early 1970's. He notes these civilian initiatives resulted in military attention to the problem of child maltreatment. As a result, the United States Air Force (USAF) "organized the first official military Child Advocacy Program on April 25th 1975, under Air Force Regulation 160-38; the medical service branch was given primary responsibility" (p. 585). When societal attention shifted toward domestic violence legislation in the mid to late-1970's, the service branches also began exploring how they addressed this issue. The Air Force subsequently updated their Child Advocacy Program in November 1981 to include all family members. Bowen stated the new Family Advocacy Program "added a spouse abuse component to the previously existing child maltreatment program" (p. 592). Congressional funding was initiated in 1981 with the USAF receiving $1.5 million dollars targeted specifically for training and materials used

in Family Advocacy Programs. This funding allowed the USAF to sponsor a series of thirteen workshops in 1982 to train military social workers and other professionals in addressing family violence issues. The spouse abuse component adopted the multidisciplinary case management approach that had been used originally with the child maltreatment cases.

In a 1988 report to the House Armed Services Committee, Pope provided an overview of the status of the DoD Family Advocacy Program. Pope, as Deputy Assistant Secretary of Defense, outlined several concerns related to the functioning of the FAP that required attention. One area focused on during this briefing was the difficulty in maintaining up-to-date training for FAP personnel. Pope noted, "training of FAP personnel is an ongoing process due to high staff turnover" (p. 9). One reason given for staff turnover related to military reassignments with over thirty percent of FAP staffing changing locations annually. Pope also expressed specific concern about the case review process by acknowledging a need to "clarify case management decision procedures" (p. 12). She concluded her remarks with the overall assessment that "the FAP's, as currently organized, are complicated and fragmented" (p. 12).

Mollerstrom et al. (1992) outlined the results of a program evaluation initiative designed to assess the effectiveness of the USAF Family Advocacy Program. They explored data on all substantiated child and spouse maltreatment cases for calendar years 1988-1989 to identify "initial information about the particular maltreatment incident, demographic and descriptive data about the client and family, and the services being recommended and provided"

(p. 373). Their findings showed that Air Force-wide 6,922 spouse abuse cases were reported with 82.48 percent (5,709) of these cases substantiated. Their initial findings report on only 1,454 cases that were seen during the first year of their study. Eight hundred ninety-five of these were spousal abuse cases ranging in severity from not severe (1.0%), low in severity (59.6%), moderate severity (38.5%) to high in severity (0.9%). Most cases were of physical abuse (93%), while a small number were defined as emotional abuse cases (7%). Interventions recommended for these spouse abuse cases were marital therapy (61.4%), individual therapy (39.5%), anger management training (50%), conflict containment classes (26.7%), group therapy (15.2%), family therapy (6.7%), and communication skills education (22.5%). Many of these interventions were combined in the treatment planning following "an interdisciplinary case management team meeting that determines whether or not a case is substantiated, and if so, recommends specific treatment strategies and program interventions to be offered to the families and individuals involved" (page 372). Mollerstrom et al. close by noting that the results of their study will be used to improve service delivery and guide policy development in the future. The efficacy of the interdisciplinary team concept used to make the decisions that drive their data collection efforts is not considered in this article. The trend of accepting without question the effectiveness of an interdisciplinary approach is common throughout the literature.

A study focusing on the U.S. Army population addresses gender and military status recidivism rates (McCarroll, Thayer et al, 2000). McCarroll

and Thayer et al. review the U.S. Army Central Registry information on spousal abuse incidents during fiscal years 1989 to 1997. They seek to address the societal belief that "men and active-duty military personnel have a higher rate of spouse abuse offending than do women and civilians" (p. 521). In their article they touch on the case referral system used by the Army that includes "a case review committee at each Army medical treatment facility that determines whether cases are substantiated or unsubstantiated on the basis of the preponderance of evidence" (p. 521). The discussion of the case review committee is provided only for informational purposes and gives no hint as to the author's conclusions regarding this process. They conclude from their findings that male offenders and civilian offenders appear to have a significantly higher risk for reoccurrence of spousal abuse incidents than female offenders and active-duty offenders.

The most comprehensive review of the role of social work within the armed forces is provided by Daley (1999) in his aptly titled book, Social Work in the Military. In this text, Daley provides the history of social work in the U.S. Army, Navy, and Air Force, the practice arenas served by military social workers, ethical dilemmas, and future directions of practice. This descriptive overview outlines many salient issues facing military social work and the population it serves. Daley (1999) identifies the U.S. Air Force as the youngest of the military services and subsequently the most recent to incorporate social work services. In his chapter on the history of Air Force social work, Jenkins (1999) notes that no commissioned social workers existed in the Air Force until 1952. From that cohort of six officers has sprung a current total of 225 commissioned social

workers. Jenkins also hints at possible reasons behind the development of the interdisciplinary team approach used in the Family Advocacy Program when he states "the Child Advocacy Program required the development of a multidisciplinary Medical Child Protection Team and a base-level interagency Child Advocacy Committee....Social workers who had previously functioned as mental health clinicians suddenly had a team of very influential people supporting them....The collective utilization of these people was a source of empowerment for social workers assigned as Child Advocacy Officers" (pp. 41-42).

Daley (1999) identifies and differentiates class structures within the Air Force in his chapter on understanding life in the Air Force. He sees officers, aircrew members, enlisted personnel, non-commissioned officers, and family members as operating within specific 'classes' with their own idiosyncratic guidelines. In discussing family members he states "dependents are essential but peripheral players within the community" (p. 249). He also cites numerous studies which conclude that family dissatisfaction is one of the major reasons military persons leave the service. One chapter is specifically devoted to the Family Advocacy Program as it has been implemented in each of the service branches. Clearly the U.S. Air Force social work service has grown, and the culture it practices within brings challenges along with it.

The next section will focus attention on possible explanations for the problem of intimate violence. A variety of theories will be presented to assist in understanding the causes of family violence and the intervention strategies proposed to combat it. By learning more about this social problem, a greater

appreciation will be gained for the complexities faced by interdisciplinary teams called together to address violent episodes.

FAMILY VIOLENCE LITERATURE

Family violence outside the military community has an extensive literature base commenting on various facets of child and spouse maltreatment issues. Many theorists have attempted to explain the reasons for violence perpetrated against intimates. By examining several theories related to spousal abuse, we can begin to gain an appreciation of the complexities associated with this social problem.

A recent issue of Psychological Bulletin focused exclusively on the problem of domestic violence between heterosexual couples. Archer (2000) conducted a meta-analysis of 82 empirical studies related to sexual differences in couple aggression. His findings noted women were slightly more likely than men to be physically aggressive in their relationships and used violent acts more frequently. Men were found to be more severe in their use of aggression and inflicted more injuries than did the women. Challenges to these findings were presented by Frieze (2000), O'Leary (2000), and White et al. (2000) as each writer had concerns about the implications of these viewpoints. Frieze felt issues such as sexual aggression (to include rape) and stalking should be considered when discussing gender violence. The contrast between professional observations regarding the prevalence of male-initiated violence toward women and the study results bothered O'Leary. He cited other findings that report males being more aggressive than females, greater numbers of female homicides at the hands of males than vice-versa, and many of the aggressive acts of women being committed only for self-defense and not meant to injure the male. White and her

colleagues expressed concern about the possible policy implications of the Archer study. They stated, "it is a serious public policy concern for psychologists to endorse a position that men and women are equally violent in relationships.....Such a message is harmful in its potential to undermine empathy and public support for the plight of female survivors of male violence" (p. 694).

Although the majority of studies point to women as the primary targets of abuse, other researchers in addition to Archer are also looking at the prevalence of women instigating abuse against their partners (McNeely and Robinson, 1987; McNeely and Mann, 1990). Goodyear-Smith and Laidlaw (1999) make a case that women are perpetrators of abuse at greater rates than are men. They cite longitudinal studies showing "prevalence rates of physical violence by women (37%) were significantly higher than those for men (22%)" (p. 290). Men from this study reported a thirteen percent higher prevalence of being physically abused by their partner than women. They also found little difference related to social class in female propensity to use violence while mainly poorly educated, unemployed, or males lacking in social support were at increased risk to behave violently toward their partners. Goodyear-Smith and Laidlaw emphasized the importance of adopting a gender-neutral approach to domestic violence intervention. They viewed policies targeted primarily toward males as ultimately failing as "they leave women untreated and discriminate against men who are victims" (p. 300).

In contrast, feminist models have influenced many social work practitioners who have used them to better understand the dynamics of family

violence. The feminist movement has articulated theories related to male power within marital relationships and advocated for development of safehouses and shelters for battered women and their children. Mainly due to feminist groups the issue of family violence has become one of national importance and attention. Some scholars, however, have questioned whether feminist ideology has actually benefited those women at most risk in our society. Fedders (1997) noted that "most of today's organized, visible battered women's advocates are predominately white and middle-class....advocates have ignored—to the detriment of many battered women—the salient difference that race, class and other differences make in determining appropriate remedies for domestic violence".

Ferree (1990) also examined the impact of gender roles on intimate relationships from a feminist perspective. She viewed male power within marital relationships as reflective of a larger societal structure that allows for male dominance. Komter (1989) viewed power in relationships as operating in three realms; latent, manifest, and invisible. He referred to an ideology of hegemony (Gramsi, 1971) that results in both males and females accepting the gender inequality in their relationship. Glick and Fiske (1999) addressed the role of sexism in relationships. They suggested two forms of sexism (hostile and benevolent) prevalent in heterosexual pairings. Hostile sexism is seen as emanating from a belief that men are superior to women. When females challenge male power, this can result in sanctions against her including violent behavior. This form of partner violence can lead to what Johnson (1995) termed 'patriarchal

violence'. He differentiated this form of violent behavior from less violent incidents where arguments occasionally escalate into mildly abusive behaviors. These differentiations also help explain the results of the Archer study as 'common couple violence' is seen as captured in large survey datasets while 'patriarchal violence' is mainly seen in professional settings.

Gender focused models are not alone in discussing abuse of intimate partners. Exchange theory (Thibault & Kelley, 1959) posits that abuse occurs because one party sees the benefits of doing so as outweighing the costs (Humphries, 1985). This theory as developed by Nye (1978) identifies the following factors influencing the propensity toward engaging in intimate partner abuse as: 1) Males using violence at home due to the expectation that the costs incurred will be less there; 2) Societal hesitance to intervene into family issues allows for male violence, as costs are limited; and 3) The inequality of male-female relationships within the family provides an incentive for males to use violence to maintain power. For Humphries, interventions must be targeted toward increasing the costs and reducing the benefits for using violence in relationships. Huston and Cate (1979) also noted in their article addressing social exchange in relationships that, "as relationships evolve reward-cost parameters begin to take on increasing importance" (p. 267). This can result in both increased love and commitment or set the stage for dissatisfaction and potential violence.

Developmental theorists have argued that events occurring early in life can lead to involvement in an abusive relationship as an adult. Kesner and McKenry (1998) made an interesting connection between Bowlby's (1977)

attachment theory and the presence of violence in an intimate relationship. The tenets of attachment theory deal with how human beings develop affectional bonds toward others. The initial bond developed is with the primary caregiver (typically the mother) through her responses to the infant's needs. If the caregiver is appropriately available and responsive, the child develops a secure base from which he/she can explore the world. Inappropriate, neglectful, or frightening responses lead to insecurity and are thought to be the precursors for a variety of psychological maladies (Bowlby, 1977). Violence is presumed to occur in relationships as a signal that attachment needs are not being met in a satisfactory manner. An empirical study to test this assumption was conducted to determine if violent and nonviolent males differed regarding their attachment histories. Findings substantiated this belief as males identified as violent scored much lower regarding secure attachment style and higher on dismissing (insecure) attachment style than nonviolent males (Kesner & McKenry, 1998). This suggests that male violence may have its genesis in early childhood relationships that are acted out in later adult relationships. This finding lends support for referring abusers to treatment services to address these unresolved issues.

McKenry et al. (1995) were also interested in other factors that result in an increased likelihood of violence in marital relationships. They studied biological, psychological, and social factors in a sample of 102 married men to determine the interaction between these factors and the subject's propensity toward violent behavior in their marriages. Biological factors considered included testosterone levels, serotonin levels, and the extent of alcohol use. Availability of

social supports, levels of stress, occurrence of major life events, and level of family income were the social factors considered. The presence of psychological symptoms/disorders (particularly anxiety, hostility, and paranoia) constituted the psychological variable examined in this study. The cluster of social factors was found to be the best predictors of male violence in marriages for this sample. Specific individual variables that were found to be statistically significant were "alcohol use, family income, and relationship quality, with testosterone approaching significance" (p. 315). These findings call into question the use of strictly psychological forms of intervention to provide treatment for male batterers. The results also lend credence to social work's focus on an ecological perspective that integrates biopsychosocial factors into the treatment process to address family violence issues.

Evolutionary theorists comment on the factors that may lead male's to react violently in intimate relationships. Kendrick and Trost (1997) utilized the data on homicide rates to argue for an evolutionary explanation for male violence. They noted that males commit the overwhelming majority of homicides when examined from a cross-cultural basis. The motive for these acts is frequently traced to competition over females or societal resources. These actions are thus seen as "revealing coercive impulses in genetically important situations" (p. 170) for the male involved in the violent act.

Finally, Dutton (1999) examined the differences in social learning and trauma theories to explain aggressive acts in close relationships. He favors a trauma model where internal personality traits can be considered along with

environmental causes. His trauma model is rooted in early childhood developmental incidents that set the stage for later problems. Shaming behavior directed at the child, insecure attachment to the primary caregiver, and witnessing parental violence are identified as precursors to an increased likelihood that the child will grow up to be abusive in their adult relationships. He views social learning theory as of limited value in accounting for the presence of violence in relationships. The lack of rigorous studies to show the transmission of violent behavior from parent to child and the limited recognition of personality features related to abusive behavior form the basis for his argument.

Similar theories abound regarding abuse of children in our society. Child victimization encompasses physical, emotional, and sexual abuse in addition to neglect of basic needs. Incidents of child maltreatment in the United States span the entire history of our nation. Children were traditionally viewed as the property of the parents until the 1900's. The first criminal charge was filed against a parent due to mistreatment of a child in 1882. This case involved an 8-year old female child named Mary-Ellen Wilson who had been severely beaten by her stepmother. The incident came to the attention of Henry Bergh who as an influential businessman worked with the Society for Prevention of Cruelty to Animals. He hired an attorney named Eldridge Gerry who argued for the right of the community to intrude into the home to protect children. As there were no child protection laws in place at this time in our history, Mr. Gerry tried the case under the auspices of the cruelty to animal's law. He successfully argued that Mary-Ellen was a mammal and deserved similar protection as other mammals

were afforded under the law (Gelles, 1997, pp. 28-29). This landmark case led to a slow realization nationwide of the plight of our children. However, it took until the mid-1960's before all states began enacting child protection laws and empowering its professional staff to intercede on behalf of children at risk.

The effects of abuse on children are well documented in the literature. Findings include physically abused children exhibiting lower intellectual and cognitive functioning (Fantuzzo, 1990), increased negative behaviors across a spectrum of settings (Kaufman & Cicchetti, 1989), difficulties in social interactions (Kolko, 1992), and higher rates of substance abuse (Malinosky-Rummell & Hansen, 1993) and criminal behavior (Widom, 1989) when reaching adulthood. A study by Browne and Finklehor (1986) concluded that approximately 20 percent of adults who were sexually abused as children show evidence of serious psychopathology as adults. Psychologically maltreated and/or neglected children exhibit higher rates of psychological difficulties as adults than control groups (Briere & Runtz, 1988). It is for these populations that the USAF Family Advocacy Program was created with the mission to intercede and address family violence issues. Domestic violence intervention became a part of the program after the initial structure from the child abuse program had been established.

INTERDISCIPLINARY LITERATURE

Addressing problem resolution through the use of interdisciplinary teams has been advocated in many fields. Team approaches to medical problems (Corso, 1987), educational dilemmas (Brandon & Knapp, 1999; McCall, 1990; O'Neil & Coker, 1986), research studies (Lazersfeld, 1998; Nissani, 1997; Stember, 1991), and family violence (Bacigalupe, 1995; Hamlin, 1991; Jacobsen, 1997; Nurius & Asplundh, 1994) have been advanced as improvements to single disciplinary initiatives. Interdisciplinary team approaches are assumed to have a synergistic effect where "the services offered by the group are of greater scope and value than individual contributions applied separately would" (Compton and Galaway, 1984). In a similar fashion, Klein (1990) links interdisciplinary team approaches to the biopsychosocial model of health care that attempts to "incorporate missing dimensions of the hierarchical biomedical model with a comprehensive integrative, flexible approach" (p. 140). Difficulties arise, however, in locating empirical studies to support these contentions of positive results. Much of the writing on interdisciplinary team approaches is descriptive and provides suggestions on successful implementation, perceived rewards, and costs. A related area focuses on theory regarding team formation and the advantages/disadvantages of group decision-making processes. A brief review of these areas will assist in understanding the difficulty of clearly documenting the value of interdisciplinary teamwork.

GROUPS/TEAMS

Any discussion of interdisciplinary team approaches should include an overview of the literature related to general group/team dynamics. Much has been written on this topic and our knowledge in this area is broad and diffuse. Since this dissertation addresses a team approach to domestic violence, the focus of this review will be on studies that are based on work with human service teams. Theoretical material from these studies will assist in developing a foundation for understanding the challenges inherent in addressing any problem area from an interdisciplinary perspective.

The military is a bureaucratic organization where work groups and teams have fast become the approach of choice to address problem areas within the organization. The USAF has embraced approaches such as Total Quality Management (TQM), which depend largely on work teams comprised of individuals throughout the company brought together to solve problems facing the organization (Scholtes, 1988). Hackman (1990) examined the factors that lead to success and failure in organizational work groupings. His team of qualitative researchers studied twenty-seven work groups located in such diverse arenas as high-technology firms, federal prisons, beer distributorships, symphony orchestras, airlines, and banks to "understand each group in its own terms and present what we learned in narrative form" (p. 3) He likened groups to other social systems in that they "develop and enact their own versions of reality and then behave in accord with the environments they have helped create" (p. 8). In this way, Hackman is suggesting that all work groups create their own personality

and thus behave in unique, idiosyncratic ways. This would make analysis of groups/teams difficult as no consistent trends/patterns would seem likely to emerge. What Hackman found, however, were consistent themes running through work teams in specific areas that enhanced group task performance. His study of human service teams provides an illustration that is useful to the topic of this dissertation.

Hackman's study utilized interdisciplinary teams within two inpatient mental health units to better understand the dynamics at work within human service teams. He views human service teams such as these as posing several management difficulties. These challenges include:

1. "Teams must manage intragroup relations among members from different professional disciplines, while simultaneously carrying on complex intergroup transactions with clients and with other teams in the institution (the researchers noted the differences in team members professional disciplines were more pronounced and difficult to manage than in other teams they had observed);
2. Experienced team members from relatively low-status disciplines such as nursing had to take orders from new and inexperienced team members from higher-status disciplines such as medicine (this served to create tension between disciplines and interfered with team functioning); and
3. Team boundaries were constantly in flux due to staff training rotations (membership frequently changed with little consistency in meeting attendance noted)" (pp. 289-292).

Hackman and his research team concluded that issues of power and authority were very much in evidence in the dynamics of the human service groups they studied. Professional disciplinary boundaries made cooperative work within the teams challenging as "members of different disciplines are inclined to compete with one another for power" (p. 346). Striving for control over the group process and team decisions seemed to characterize much of the activity noted by the research cohort. This was evidenced by "higher-status members asserting and enforcing their views while failing to solicit or consider the opinions of lower-status members" (p. 355). Such differences in perceived status among group members has been the focus of other studies of team functioning.

The phenomenon of *groupthink* (Janis, 1972) has been studied by a variety of researchers (Devine, 1999; Flippen, 1999; Roseman, 1995). Groupthink is thought to occur when members are deeply involved in the group process and subsequently value unanimity of opinion over review of other possible options available (Toseland and Rivas, 2001). Flippen postulated that "premature decision consensus occurs before the optimal solution to a problem has been identified, and when consensus is reached without fully evaluating the advantages and disadvantages of the proposed solution" (1999, p. 139). Janis, in developing his theory, hypothesized a variety of conditions that needed to exist before a group would develop a groupthink mindset. One condition he discussed was the existence of a leadership style that actively promoted one solution over others early in the group process. Flippen (1999) noted, "a solution heavily promoted by a leader will usually have a greater weight to the group than one equally heavily

promoted by a group member of lesser status" (p. 145). The impact of leadership and professional status on group decision-making will be explored further in the next section of this chapter.

The organizational setting also has an effect on the functioning of work groups. Alter (1990) studied 15 interorganizational social service systems to determine the extent of conflict and cooperation between them. Alter defined for this study an interorganizational service delivery system as "clusters of diverse organizations linked together in decision-making and working relationships and serving specialized populations" (p.478). Using qualitative research methods, Alter interviewed administrators from each organization to examine how work teams functioned when the participants were each employed by separate agencies. One finding from this study relates to the issue of power centralized in one key agency. Alter noted, "conflict and coordination exist simultaneously in interorganizational service delivery systems.....high levels of coordination, particularly task coordination, among professional members, will reduce the level of conflict.....this situation is more likely to be found in systems that have a dominant core agency than those that do not" (p. 497). This finding would suggest that one way work teams manage conflict is to allow a dominant agency to coordinate services, thereby relieving the tasking from other agencies.

The stages of group development have been the topic of studies in such diverse fields as business, sociology, and psychology. Interest lies in answering the question, "what is the process that transforms a collection of individuals into a working group"? Scholtes (1988) used Tuckman's seminal

work (1963) to describe four distinct stages that characterize team growth. These stages are outlined below:

1. Forming – (an early process where members cautiously explore the boundaries of acceptable group behavior);
2. Storming – (this stage features feelings of 'resistance to the task' and behaviors such as argumentiveness, defensiveness, and disunity);
3. Norming – (members work through initial defensiveness and become more cooperative in working together toward the team goals); and
4. Performing – (the stage where effective intergroup relationships are established and the true work of the team is ultimately done) (pp. 65-67).

A different set of stages was proposed by Jackson (1999) to explain group development. He defined five stages that are felt to apply to a wide range of group compositions. He used Garland, Jones, and Kolodny's (1976) group development theory to explain the phenomenon he has noted from observing a semi-structured team meeting of staff and patients at an inpatient psychiatric unit. This theory includes the stages of "(a) Pre-Affiliation, in which group members are present but not yet engaged; (b) Power and Control, in which members jockey for position, testing the boundaries of the group and the reliability of the leaders; (c) Intimacy, in which members are fully engaged and experiencing feelings of closeness; (d) Individuation, in which group members experience their differences from one another and explore whether the closeness of the intimacy stage can include tolerance of separation; and (e) Separation, in which group members deal with termination" (p. 43).

Although the first stage theory comes from the business profession and the second from the fields of psychiatry and social work, both share similar thoughts about the nature of group development. Both agree that team development is a gradual process that does not occur rapidly, but over time. Both also see tension and conflict as a natural part of the process with group work only coming as a result of working through these issues. This raises the question of how can interdisciplinary teams that meet infrequently and experience frequent membership changes hope to develop the cohesion that is normally obtained through these developmental stages.

Yalom (1985) emphasized the correlation between group cohesiveness and positive outcomes for task-centered working groups. Group cohesion has been described as "the result of all forces acting on members to remain in the group" (Festinger, 1950). Yalom saw group cohesion as a necessary precondition for effective group work and stated "a plethora of studies demonstrate that in laboratory task groups, increased group cohesiveness produces many results that may be considered as intervening therapy outcome factors" (p. 56). He identified such factors as better group attendance and greater participation of members as resulting from increased group cohesion. One factor that appears crucial to development of this cohesiveness is stability of group membership.

GROUP DECISION-MAKING

A subsection of the literature on group dynamics focuses on the issue of how interdisciplinary teams reach decisions related to their tasking.

Toseland & Rivas (2001) defined group dynamics as "the forces that result from the interactions of group members" (p. 69). An increasing trend in organizations is to convene work teams whose goal is to address problem areas within the organization (Scholtes, 1988). The USAF Family Maltreatment Case Management Team is an example of an interdisciplinary team brought together for such a purpose. A review of the literature demonstrates that the study of group behavior is challenging due to the multivariate nature of the phenomenon. Each group member brings his/her own personal and professional biases into the group setting (Houghton et al., 2000). The organizational impact on the team may also be considerable (Schein, 1992; Trice & Beyer, 1993). Status differences between group members can influence the decisions made by the team (Flippen, 1999). Team composition may also play a part in the decision-making process (Devine, 1999; Hawkins and Power, 1999; Rogelman & Rumery, 1996). As a result, a number of different variables have been studied in an attempt to explain how decisions are made within group settings. Each study has provided a glimpse into a specific portion of the group decision-making process. The section that follows will describe several of the studies found related to decision-making within interdisciplinary teams.

Team Characteristics

Decision-making in teams has both its proponents and detractors. The old sayings "two heads are better than one" and "too many cooks spoil the broth," (Roseman, 1995, p. 50) described the beliefs of both camps regarding the usefulness of looking toward group approaches to decide on problem areas.

Roseman (1995) and Gilgun (1988) have written on the differences between decisions made by interdisciplinary groups and those made by individuals. Roseman based his insights into work team behavior from work done as president of a management/consulting firm. He cited five factors as important in differentiating whether a group or individual decision-making approach should be used to address a problem area. These factors involve:

1. "Considering the nature of the task;
2. The importance of general acceptance of, and commitment to, the solution;
3. The value placed on the quality of the decision;
4. The competence, investment, and role in implementation of each person involved; and
5. The effectiveness expected from the group, especially its leader" (p. 50)

Of these factors, Roseman was particularly concerned with the competencies of the group members involved in the process. Member characteristics such as expertise in the subject matter under discussion and direct involvement in the implementation of the group decision are thought to be crucial elements to sound team process.

Gilgun (1988) studied the decision-making process in an interdisciplinary team treating victims of incest. She assessed the use of decision-making processes within group settings as reflecting procedures/practices that have not been found empirically valid or reliable as yet. She summarized her position by stating, "procedures by which groups come to decisions have not yet

been delineated....criteria by which to judge the quality of group decision-making procedures are lacking...finally, evaluative criteria for judging the quality of group decisions for real world problems have not been developed" (p. 231). Despite these reservations, Gilgun found that the interdisciplinary team under study attempted to use a variant of social science research (multiple observations and data sources) to triangulate information and increase the validity and reliability of the information they utilized to make decisions. Gilgun concluded that although interdisciplinary teams may hold some advantages in the decision-making process over individual practitioners, seldom do practitioners have the opportunity to work in concert with others.

One variable frequently studied by researchers is the role that team composition has on group decision-making. Although numerous variables related to team composition have been studied, this review will focus on specific variables such as gender, professional discipline, and task-specific knowledge to determine what, if any, impact they have on member participation and decision quality. These were chosen for review due to the relevancy they have to the dissertation topic. Gender was chosen as females represent the majority of practitioners in the social work profession. Professional discipline and task-specific knowledge are key components of this dissertation. Knowledge of how these variables impact the group process thus assists in clarification of the research questions of this dissertation.

Two studies examined the effect of gender on group decision-making. Rogelman and Rumery (1996) compared the results of five differing

gender ratio groups on an experimental winter survival exercise. Their sample consisted of 177 male and 207 female undergraduate psychology students that were placed into four-person teams to complete the exercise. The teams consisted of all-male members, all-female members, a lone-male member, a lone-female member, and a group where the gender mix was balanced. Although the task was viewed by the researchers as male oriented, teams with a lone female member were found to out perform all other team compositions. The researchers hypothesized, "one can speculate that the lone-female teams may have calmed males' over competitiveness and allowed for more effective team work" (p. 87).

In a similar vein, Hawkins and Power (1999) conducted a qualitative study to explore how males and females interact within a task group setting. The research protocol consisted of formation of eighteen different groups of undergraduate speech communication students. Each group was of mixed gender composition and given the task to work as a team to complete a class project (term paper). The researchers audiotaped group discussion to determine level of participation and the types of questions asked during the group process. Findings noted, "the content of questions asked indicates that the overwhelming majority of questions asked were probing questions (89.2%) or requests for opinions or information that invite elaboration on the present subject" (p. 250). Although no gender differences emerged regarding group participation, Hawkins and Power observed that "female group members were more likely to ask probing questions than were their male counterparts.....probing questions asked by female group members could be argued to have served the dual purpose of bringing out

necessary detail to serve as a basis for an effective group decision as well as to engage in critical evaluation of the group's opinions and assumptions" (p. 251).

Devine (1999) focused on a separate area of inquiry regarding team composition. He was interested in studying the relationship between possessing specialized knowledge in an area under study and better quality decisions. His skepticism regarding this relational assumption that undergirds interdisciplinary teamwork is posed by his question, "Do groups of experts with diverse backgrounds make decisions that reflect the sum of their collective knowledge?" (p. 608). Devine constructed a study using 240 undergraduate psychology students to test his hypotheses regarding the impact of task-relevant knowledge on group decision-making. He divided his sample into sixty four-member groups and gave each group the task of developing a business strategy for an airline. Some group members were given information unique to the scenario that, if shared, would be helpful to the group in its decision-making deliberations. Despite a group member being provided specialized information about the task, he found a reluctance to share this information with the other group members. He noted, "increases in unique information sharing may require highly structured, focused interventions emphasizing the incremental contributions of each individual.....In other words, experts may need to be pushed, prodded, and even provoked into sharing their specialized information" (p. 627).

Interdisciplinary teams are convened with the assumption that a gathering of experts from various fields will enhance the decision-making

process. Wanner (1981) compared disciplines in academia to determine preferences in decision-making models. She divided academic disciplines into single-paradigm and multi-paradigm disciplines. The single-paradigm disciplines (biology and physics) are described as natural scientists that are internally oriented and "anticipate a consensus approach to decision-making" (abstract). Multiple-paradigm disciplines are externally oriented social scientists (sociology, economics) where the political context influences the decision-making process. She viewed interdisciplinary work as a challenging enterprise extending from "the plight of isolation that the discipline experiences due to specialized skills and training, different tools and methodology, and unique professional roles.....time, effort, and commitment is needed to overcome 'fixed disciplinary boundaries' and 'stereotyped thinking and behavior' and eventually permit understanding and collaboration" (p. 17).

As can be seen from the studies above, team composition is one variable that can influence the decision-making process. Inclusion or exclusion based on gender can lead a group to approach a problem in a different manner and affect the outcome. The use of an interdisciplinary approach where experts are brought together may only be helpful if the structure of the meeting allows for expression of the unique contributions the expert brings. Disciplinary specialization may result in different perceptions in how decisions are made and subsequently influence the decision-making process. Other factors also may come into play regarding group decision-making. One such consideration revolves around how information is exchanged during team discussions.

Information Exchange

The studies in the area of information exchange in decision-making groups focus on the willingness of members to disclose unique information that they hold to the remainder of the group. This unique information generally consists of some form of specialized background related to the group task or expert knowledge of the subject area.

Dennis (1996) identified the different types of information a group member may have when he/she attends a meeting. These types include:

1. "Common – information known to all participants before group discussion;
2. Unique – information known only to one participant before group discussion; and
3. Partially shared – information known to some but not all participants prior to group discussion" (p. 434).

His study consisted of 140 undergraduate business students who were randomly assigned to one of two groups with approximately ten members in each group. One group used computer software programs to aid in their decision-making process while the other relied on a face-to-face discussion method. Each group member was asked to read four fictitious university application for admission forms and individually select the student they felt most deserved admission. To aid in the decision-making process, group members were also provided both common and unique information about the applicants under consideration. They were then told to discuss their opinions within the group

setting and make a unanimous group decision regarding their selection. The research findings noted, "verbally interacting groups exchanged only a small portion of the unique information and made poor decisions both because of this lack of information and because they did not effectively use what little unique information they gained from this exchange" (p. 448).

Dennis articulated two theories to assist in explaining why group members may struggle with sharing this unique information in a group setting. He cited Shaw's 1981 theory on *information influence* to describe the persuasiveness of group majority opinions. The theory holds that when a group member hears a majority of group members express preferences that do not match their own, "participants assume the majority to be correct and focus their preference to that of the majority" (p. 437). A similar theoretical approach is *normative influence theory* (Myers & Lamm, 1976) that posits, "after obtaining information about other's preferences, participants may change their preference to more closely match that of the others" (p. 438). Both theories allow us to speculate that group members, upon hearing information that contradicts their unique information, may discount their information and align themselves with other group member's preferences. This would result in much unique information being left unshared and unavailable to assist the group in the decision-making process.

Menneke (1997) used a design resembling Dennis' study to examine the impact of hidden information with task groups. In addition, he was also interested in how group size and meeting structure influenced information sharing. His sample consisted of 187 undergraduate college students who were

also asked to review prospective candidates for admission. Half of the students were assigned to a structured group process and the others to an unstructured group. Both sections had groups assigned either four or seven members in size and all participants were given both common and unique information regarding the applicants. MANOVA analysis revealed that the "structured groups outperformed unstructured groups for initially-shared (common) and initially-unshared (unique) information" (p. 395). No significant relationship was found related to group size and sharing of information in this study. In his discussion section, Menneke related a disturbing aspect of his study. He concluded that his study "implies that individuals who are members of groups that do a poor job of surfacing information will not recognize their inferior performance.....poor performers do not uncover enough information about the task to recognize they missed anything" (p. 398).

This study reinforces the prior information regarding the need for meeting structure to assist with the surfacing of all known information within the group. It also points out that groups can experience denial regarding their performance due to important information not surfacing and being included in their deliberations. One final study in the area of information sharing will address members' prior task experience as it relates to sharing of information.

Wittenbaum (1998) addressed a different area than the prior two researchers while staying with the theme of shared versus unshared information exchange. He looked at how group members' past experiences and knowledge relevant to the group task impacts the decision-making process. Two hundred

twenty-four undergraduate students were assigned to four-person, mixed gender groups to review fictitious applications for an assistant professor position at the university. Wittenbaum focused on three group member variables in this study consisting of (a) gender influence on the specific task content, (b) the experience level related to gender, and (c) the experience level of the group member. Findings noted, "experienced, as compared to inexperienced, members were less prone to favor shared information in mentioning and repeating information....by virtue of holding higher status, experienced members had the power to use normative social influence to persuade others" (p. 78)

Wittenbaum used *expectation states theory* (Berger, Conner, and Fisek, 1974) to explain why task experience in groups confers status to members. This theory posits that "group members form performance expectations about the likely usefulness of other members' contribution to the group task....such expectations are conceptually similar to task competence" (p. 59). This conferred status to the more experienced members allows them more influence over the group discussion and the eventual decision outcome. Studies such as this have shown that members with high status within the group are more successful in advancing their preferences than are lower-status members. Three studies that speak to the effect these initial preferences have on final group decisions are examined next.

Initial Preferences

Meyers and Brashers (1998) investigated the role conflict plays in-group decision-making. They randomly assigned 73 male and female

undergraduate students to five-member groups with the task of discussing fictitious scenarios where the players were facing serious life problems. Group sessions were videotaped and the content of discussion coded using the Conversational Argument Coding Scheme (Canary et al., 1987). The data analysis showed that a specific argument type, called Generative Mechanisms, was the most accurate predictor of the final argument outcome. The authors define generative mechanisms as "statements of fact or opinion that call for support, action, or conference on an argument-related statement" (p. 267). This argument type was thought to be influential due to it being the most frequently used type of statement. The authors also cited behaviors that sought to bring together converging views as accurate predictors of decision outcome. This use of "agreement to reinforce each other's statements and thereby create a more persuasive proposal" (p. 275) was seen as a powerful tool in the group decision-making process.

The ability to provide a convincing argument was also of interest in another study. El-Shinnawy and Vinze (1998) supplied a business perspective to the concept of group decision-making. They conducted an experiment to explore the phenomenon of *group polarization.* Group polarization is defined in this study as "the tendency of individuals in a group setting to engage in more extreme decisions than their original private individual decisions" (p. 167).

A total of 168 college students were assigned membership in 33 five- to six-person groups with half placed into a face-to-face interaction group setting and the other half in a computer software assisted interaction group

setting. Analysis of covariance (ANCOVA) was performed related to the dependent variables of argument persuasiveness and group polarization and independent variables consisting of communication medium, task characteristics, group composition and the interactions of medium and task and medium and group composition.

ANCOVA results showed that the medium of communication plays a central role in development of group polarization. Those groups that used a face-to-face communication medium experienced higher levels of polarization than those groups using the computer software enhanced medium. This is thought to be due to group member's increased ability in this setting to convince their counterparts of their preferences through the use of persuasive arguments.

El-Shinnawy and Vinze discussed Burnstein's (1982) *persuasive arguments theory* as a means to understand how team members influence each other in the course of group discussion. The theory postulates, "a group's decision is a function of the persuasiveness of arguments that individuals are exposed to before formulating their final decision" (p. 166). Therefore, group settings that offer the opportunity for members to meet in a face-to-face format and discuss each member's opinions/thoughts are at greater risk of allowing personal persuasiveness to impact the final decision outcome. The researchers concluded by stating, "historically, decision-makers have been concerned with the tendency of team-based decisions to become more extreme than individual-based decisions....the results of this study confirm the reality of polarization in group settings" (p. 187).

Kathleen Propp (1997) examined factors that increase the ability of task groups to use the information available to them. Her study consisted of presenting a child custody case scenario to 30 four-person, mixed gender undergraduate student groups. The groups were given the task to review the case and make a group decision regarding which family member should be given custody. In addition, each group member was given common, partially shared, and unique information about the family situation for consideration within the group decision-making process. Both qualitative and quantitative data analysis methods were used in this study. Group discussion was coded and analyzed using a coding scheme developed by Hoffman (1979) that determines whether a statement is supportive or critical of information presented. Analysis of variance (ANOVA) was conducted on the prediscussion preference, information redundancy, and group gender composition.

Propp found that groups having a general consensus regarding their initial preferences were less likely to allow more information to be presented into discussion than those groups that began with differing preferences. She described the challenge this finding presents to interdisciplinary team decision-making as "one of the strengths of group decision-making when contrasted with individual decision-making is that a group has a variety of perspectives and a greater information base from which to draw....it is disheartening to think that prediscussion preference structure can have such a negative impact on the effective processing of information in group discussion" (p. 445). It was also

noted that much of the group discussion was focused on the information common to all members rather than unique information being introduced into the process.

Propp utilized *status characteristics theory* (Berger, Fisek, Norman, & Wagner, 1985) to explain why prediscussion preferences may be so powerful in guiding overall group opinion. Status characteristics theory posits, "the status order of a task-oriented group is determined by the initial differences in external status" (p. 434). Flippen (1999) defined a status characteristic as "a highly valued attribute implying task competence" (p. 145) and that "individuals whose perceived competence (status) is high will be more influential" (p. 149). High status may be inferred through gender, age, task experience, professional discipline, organizational mandate, leadership position, or another characteristic group members see as important. Thus, if members of high status enter the group setting with set preferences regarding decision outcome, they will likely influence lower status members who have yet to make up their minds on the issue. The influence of higher status individuals may also be heightened if a majority of the group members have similar initial preferences. This will lead to a group discussion that only "seeks information to confirm the initial consensus" (Propp, p. 428). A subsection of the literature points to the designated group leader as an individual in which high status is generally conferred. Two studies that address this issue in more detail will be reviewed next.

Group Leadership

Goodman (1998) outlined the role of the leader in a task group setting. He described the group leader as the person responsible for "facilitating

the discussion and helping resolve issues by prompting members to explain divergent opinions" (p. 3). However, some leaders may seek to exercise excessive control over the group process due to a variety of factors (time pressures, decision preferences, etc.). This can lead to potential problems if the leader displays a tendency to limit open discussion and seek rapid conformity of group opinion.

Another study assesses the combined impact in a decision-making group of the complexity of the group task, the amount of time available to accomplish it, and individual group members' need for control over the process. Brown and Miller (2000) conducted an experiment to examine these three variables in the context of a group decision-making task. Participants in this study were 216 undergraduate psychology students that were divided into four-to five-member groups. All group members were asked to complete the 15-question dominance scale of the Personality Research Form (Jackson, 1967). Each group was then given the task of developing policies for a parent/child program. Half of the groups were placed under conditions where time pressure to complete the task existed. Also, half of the groups were given additional activities that increased the complexity of their task.

The findings bore out the researcher's contention that task complexity and interpersonal dominance characteristics have a significant effect on group decision-making. Brown and Miller argued prior to data collection that "groups in stressful situations tend to place their decisions in the hands of fewer members of the group or at higher levels of authority.....group members defer more to the opinions, ideas, and suggestions made by the group leader" (p. 134).

They discovered that when groups are faced with a simple and straightforward task, they tend to use a more centralized communication system to arrive at their decisions. Centralized networks are described as "leader-centered where a single person within the group is the principal source and target of communication....communication channels are constrained and the amount of information shared may be relatively small" (pp. 132-133). This type of centralized communication was also reflected in the personal dynamics of group members who scored higher on the dominance scale. On this issue the authors remarked, "members who were higher in dominance tended to be more central in the emergent group communication network" (p. 151).

Time Limitations

Of note is that the presence of time pressure was not found to significantly impact the communication network in the above study. This was not the case in other studies examining the effect of time deadlines/limitations on group decision-making. Kelly and Karau (1999) examined the interaction effect of time pressure and initial preferences in a study involving group decisions over marketing of cholesterol-reducing medications. Participants were divided into groups of three and asked to make a choice between which of two fictitious medications to advise a company to sell. Fifty percent of the groups were informed the decision was needed rapidly while the other groups had no time restrictions placed on the decision-making process. Findings reported that "time pressure tended to enhance the impact of initial preferences on final group decisions" (p. 1351).

Finally, in a study of trained audit students, Arnold, Sutton, Hayne, and Smith (2000) explored the impact on time pressure on decisions made in the course of completion of a simulated audit task. One concept underpinning this study involves the differentiation between tasks that require group members to make value judgments as a part of the decision-making process (*judgment tasks*) and tasks that revolve around a clear choice between two or more options (*choice tasks*). The researchers quote Smith, Arnold, and Sutton (1997), who examined in their study "the impact of time pressure on judgment versus choice tasks and found that judgment decision quality was negatively impacted by time pressure far more than choice tasks" (p. 73). This is thought to be due to the complex nature of judgment tasks that "require the group to arrive at agreement on a specific value over a continuous range of options" (p. 76). The Arnold et al. study confirms the Smith et al. findings as they discovered similar results related to the impact of time pressure on the group decision-making process.

DEFINITIONS

A variety of terms are used throughout the literature to describe interdisciplinary teams: task or work group, alliance or partnership, treatment team or conference, collateral case consultation, interagency committee, social action group, professional collaboration, case management team, or community-based program. Although each term may have its own definition, they are used in an interchangeable manner to describe team purpose, composition, and dynamics.

A brief review of some examples of how the concept of interdisciplinarity is defined may assist in illuminating this phenomenon.

Toseland and Rivas (2001) defined a task group as "concerned with creating new ideas, developing plans and programs, solving problems that are external to the group, and making decisions about the organizational environment" (p. 323). Teams are seen as "a number of individual staff members, each of whom possesses particular knowledge and skills, who come together to share their expertise with one another for a particular purpose" (p.30). They describe treatment conferences as "a group of people who meet for the purpose of discussing a particular client or client system.... Its task is to consider the client's situation and decide on a plan of action that each member will pursue as individuals working with the client" (p.34). A community-based program to address spousal abuse defines itself as "a spouse abuse protection and family preservation team established to provide case consultation, resource development, and community action" (Hamlin, 1991). The differences noted between the various definitions are minimal.

Greenhalgh (1997) sees disciplinarity as "the study of academic disciplines, more specifically, study of the control of knowledge organization and production by academic disciplines and the social practices by which that control is maintained" (p.819). Based on a study of military group work in the command and control of soldiers on the battlefield, Sonnenfeld (2000) defined a

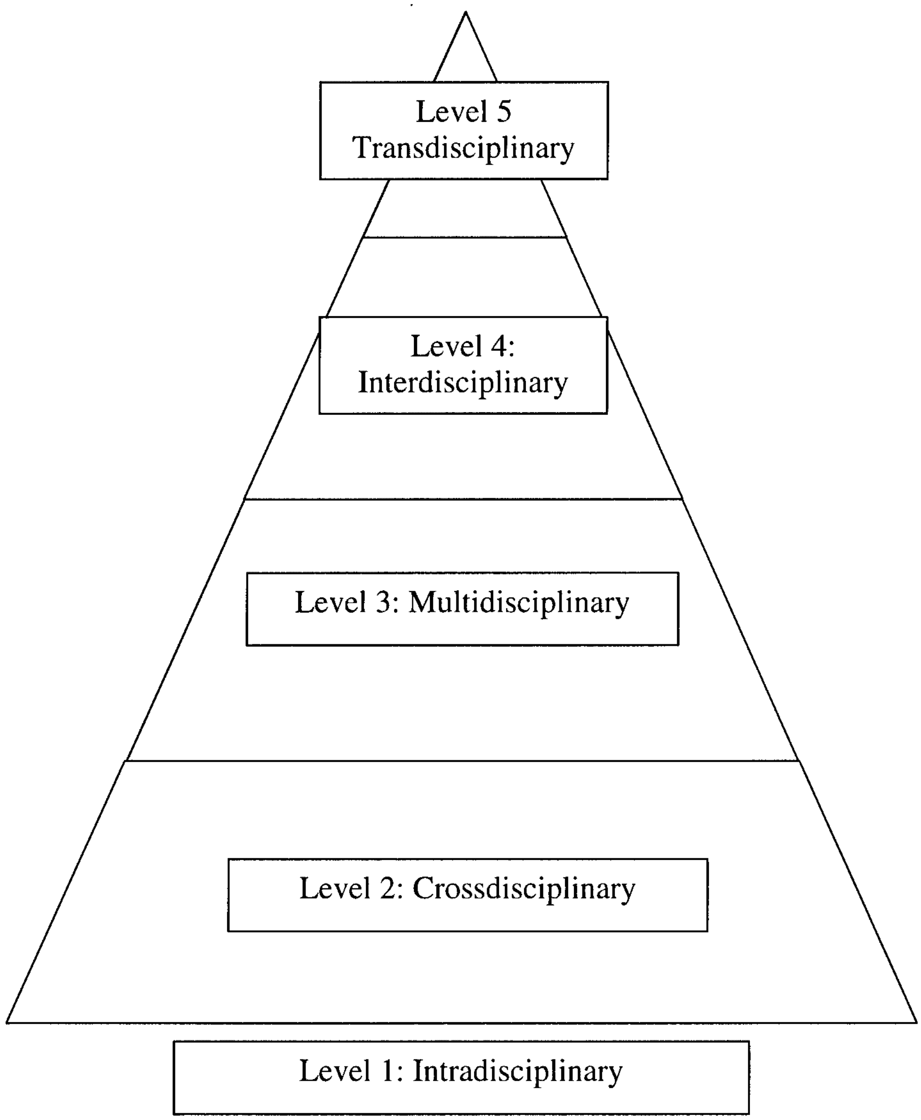
collaborative effort as having three major themes: individual, intragroup, and intergroup shared understanding of the situation; frequent communication between participants about the work context and process and; differences in perceptions may cause team members to challenge one another's contributions. Jacobsen (1997) identifies two characteristics common of all multidisciplinary team approaches to child sexual abuse: they use a case consultation process and the team is composed of representatives from multiple agencies addressing these cases.

The most comprehensive attempts to clarify the distinctions between the varieties of terms used come from higher education. Nissani (1997) elaborated on definitions while making an argument for the merits of interdisciplinary knowledge and research. He acknowledged the splintering effect of such terms as multidisciplinary, crossdisciplinary, and transdisciplinary and proposed bringing them together under the single term *interdisciplinary*. He defined interdisciplinarity as "bringing together distinctive components of two or more disciplines (each a self-contained and isolated domain of human experience possessing its own community of experts)" (p.203). Nissani viewed interdisciplinary work as instrumental to creating new ideas, obtaining an "outsider's perspective," overcoming intradisciplinary oversights, identifying gaps in disciplinary specific knowledge, and solving complex problems that may be unapproachable from a single disciplinary perspective.

Stember (1991) argued that a hierarchy exists when attempting to define disciplinary work groups (see Figure 3). She saw disciplinarity as having five separate components, with each becoming more complex as one moves up the continuum. Level one consists of *intradisciplinary* work that includes only team members from a specific discipline (i.e. a social work team addressing case management for an elderly client). Level two is *crossdisciplinary*, which involves looking through the lens of one discipline to gain an understanding of another (i.e. a psychologist describing the psychological aspects of a historical event). The third level, *multidisciplinary,* combines the talents of several disciplines to give differing perspectives to a situation (i.e. a panel consisting of a social worker, sociologist, psychologist, economist, historian, and philosopher discussing poverty in the United States). *Interdisciplinary* is the next level. It is the attempt to "integrate the contributions of several disciplines to a problem or issue" (p. 4). Stember viewed *transdisciplinary* work as the most complex, as it seeks to unify the disciplinary frameworks of its members. She sees much of the work done in the social sciences as being multidisciplinary due to the complexity involved in truly engaging in an interdisciplinary process.

Figure 3: Interdisciplinary Hierarchy Conceptualization

(Adapted from Stember, 1991).



The difficulty in differentiating between interdisciplinary or multidisciplinary team processes has led to confusion regarding the definition of the FMCMT. Although FAP standards identify it as multidisciplinary, this designation does not appear to capture the current functioning of this team. Klein (1990) compared the functional capabilities of multidisciplinary and interdisciplinary approaches to assist in understanding what differentiates one from the other. Multidisciplinary activities are characterized by the mutual relationships existing between the disciplines involved. By this she refers to limited contacts between disciplinary representatives who bring their specific ideological perspectives together to work on a problem area. In multidisciplinary work, then, there is no expectation for team members to step outside their professional boundaries to enter in to the work arena of the other members.

Interdisciplinary work asks somewhat more of the team participants than merely to provide perspectives unique to their professional training. It involves greater integration of each member into a cooperative effort to meet the group task. In her dissertation related to social work preparation for interdisciplinary team work, Faulkner (1985) defined an interdisciplinary team as "a small group comprised of at least one member from social work and members of two or more disciplines who all have a task orientation and common goal of assisting clients in overcoming problems and realizing their potential" (p. 3). She identified activities such as pooling of professional expertise and allocating tasks

among members as necessary to accomplish the team mission from an interdisciplinary perspective. Stember (1991) described the team differences in terms of independent (multidisciplinary) and interdependent (interdisciplinary) functioning (p. 4). This interdependency between members is described as a higher order function and helps explain why interdisciplinarity is deemed more difficult than multidisciplinary approaches.

Using the descriptions noted above, the USAF FMCMT would appear to function more as an interdisciplinary than multidisciplinary team. FMCMT members are asked to operate outside their realms of expertise and make decisions normally reserved for specific professional groups. Both the major tasks of the FMCMT provide examples of these boundary-crossing activities. Spousal abuse is considered a criminal offense in each of the fifty states. The case status determination process requires team members to make a judgment related to whether they feel this criminal offense has occurred by voting to either substantiate or unsubstantiate the case. Since the majority of spousal abuse incidents reviewed by the FMCMT are physical abuse allegations, this integrates the victim-services professional group with the offender-control group in making a public statement regarding the alleged criminality of the incident. Although FAP standards stress the FMCMT process is strictly a clinical proceeding, the functioning of the team blurs the line separating the clinical and criminal justice boundaries. As a result, it is not uncommon for commanders to await the decision

of the FMCMT before deciding if administrative action toward the active duty member is warranted.

Conversely, when offender-control professionals are asked to assist in treatment planning for family members they are stepping outside their professional boundaries and integrating themselves with victim-services professionals. The expertise of legal and law enforcement professionals do not typically extend to identification of treatment services needed to address intimate violence. However, all FMCMT members are given equal consideration in the voting process to develop these case management plans. This effectively provides all team members, regardless of their professional training, with the same voting power (one member, one vote) in this team approach. A multidisciplinary process would seem content to stop short of involving all team members to this extent in the case status/treatment planning determination process.

There exist examples of team approaches in the USAF behavioral health arena that more closely meet the definition of multidisciplinary than does the FMCMT. Intervention with both substance abuse and inpatient mental health utilize input from varied professions to make decisions related to patient care. In neither arena, however, does the professional completing the assessment rely on the voting of others to determine if the assessment made is indeed the correct one. The unique nature of the FMCMT and its mission to integrate various professional disciplines into the decision-making process related to both child and

spousal abuse incidents defines it as more an interdisciplinary than multidisciplinary approach.

Discomfort with this interdisciplinary approach has resulted in recent discussion within the USAF to revamp the FMCMT process. One option under consideration would be separation of the case status determination and case management planning processes. In this option, offender-control professionals (legal, law enforcement, command representatives) would meet to make case status determinations based on the criminality of the incident. Some time following this determination, victim-services professionals would meet to develop case management/treatment plans for families requiring those services. A second possibility would be to eliminate voting on incidents and allow FAP social work staff to determine if abusive behavior occurred through consultation with other professional disciplines. This would be similar to a medical model used on inpatient/partial hospital psychiatric units where the psychiatrist is responsible for diagnosis and treatment but draws together a team of professionals from various disciplines to assist in the intervention effort.

ADVANTAGES AND DISADVANTAGES OF AN INTERDISCIPLINARY TEAM APPROACH

The literature suggests possible benefits of professional collaboration as well as difficulties inherent in such an approach. Kiesler (1978) noted that "democratic participation seems ideologically desirable…the increased

quantity of information is often beneficial for generating alternative action plans.....certain tasks are complex, requiring the pooling of talents, expertise or opinions in order to be completed in a satisfactory manner." Other benefits described include: better coordination of community services; vicarious education of team members (team members educate one another about their respective disciplines, agency mandates and protocols, and their unique contributions to the problem being addressed); mechanism for networking and support; and sharing of information about mutual cases (Meddin, 1986); improved interagency communication (Nurius & Asplundh, 1994); differing professional backgrounds of team members providing varying perspectives (Bacigalupe, 1995); and avoidance of the development of professional "tunnel-vision" (O'Neil & Coker, 1986).

Despite this encouragement for the use of interdisciplinary teams, many challenges have been noted in utilizing this approach. Jacobsen (1997) lamented "despite the growing attention given to interagency dynamics that assist or impede cooperation, literature drawing attention to the internal dynamics of the multidisciplinary team is scarce......little has been written about team composition or team member roles in the literature other than to explicate the specific function of representatives from different agencies" (p. 30). Toseland and Rivas (2001) listed problem areas that may arise as including: 1) members may not all work together as a team; 2) limited closeness or spirit between members; 3) infrequency of meetings; and 4) composition of membership may vary considerably from meeting to meeting (p. 35). Brandon and Knapp (1999)

cautioned, "interprofessional expertise can not be instantly transformed into collective understandings, routines, and accomplishments" (p. 5). Professional status among members of interdisciplinary teams may also create challenges to effective team functioning. Klein (1990) noted that "there may be marked differences between highly regarded, better-paid professionals and other team members in how they value their time, each other, and who will be viewed as the team leader" (p. 143).

Other reasons noted for interdisciplinary team problems include differences in vocabulary, diversity of theories and methods, scholarly socialization, turf protection, and disciplinary ethnocentrism (Shenkar & Yuchtman, 1997). In his dissertation examining child study teams, Corso (1987) noted that "team members on the whole do not hold different perspectives on professional items than their colleagues...there appears to be unquestioning acceptance of other team member's perspectives...the team process does not appear to be a decision-making interaction but rather a non-defensive, passive acceptance of each other's data.....there was mostly talking to rather than talking with colleagues" (p. 139-140). He concluded that the interdisciplinary team concept under study might be inappropriate for decision-making regarding services for handicapped children. Similar questions also may be asked of teams addressing other problem areas.

SOCIAL WORK AND INTERDISCIPLINARY TEAMS

Social work has traditionally been at the forefront of collaborative efforts to approach complex social problems. For this reason "social workers and

other helping professionals are often called upon to chair committees, teams, and other task groups. For example, the social worker is frequently designated as the team leader in interdisciplinary health care settings, because social work functions include coordination, case management, and concern for the biopsychosocial functioning of the whole person" (Toseland & Rivas, 2001, p.322).

Social work education has embraced ecological models (Baer & Federico, 1978; Germain & Gitterman, 1976; Pincus & Minahan, 1973) and systems theories (Allport, 1964; Hartman, 1970; Janchill, 1969; Von Bertalanffy, 1968) that focus attention onto the client's environment. Skills' training is commonplace in social work practice courses and field placement settings. Skills commonly taught pertain to intervention techniques such as social brokering (connecting clients to existing services), mediating (resolving disputes between a client system and other organizations), advocating (representing client's cause to others), and networking (connecting with other professions to aid a client system). These intervention techniques are thought to prepare novice social workers for the inevitable taskings facing them as they enter the professional arena.

It is not clear, however, how successful social work education is in preparing graduates for either involvement in, or leadership of, interdisciplinary treatment teams. The leadership role requires social workers "to use their influence as leaders within and outside of the group to facilitate group and individual efforts to achieve desired goals.... the worker is rewarded for taking the responsibilities inherent in leading a group by having attributed to him/her the power to influence and the ability to lead" (Toseland & Rivas, 2001, p. 97).

Examples of this attributed power include the social worker's professional status, organizational position, and experience level. This points to the fact that social workers may find themselves in powerful positions where their expertise is given great weight in the team setting.

In a qualitative study of the impact of organizational culture on social work burnout, Meyerson (1994) highlighted the attributes described by Toseland and Rivas (2001) and how social workers addressed them. Five medical settings (acute care and chronic care) where social workers were employed as medical social work staff were studied to determine factors that related to worker burnout. She noted that in the institution where a social work ideology was dominant over the medical ideology, social workers ability to deal with the stress associated with the job was increased. This dominant ideology finding "speaks to the power of the dominant institution (and professional ideology) to shape and privilege a particular pattern of meaning and to suppress others" (p. 650). Yet, Jacobsen (1997) found in her dissertation study of multidisciplinary teams dealing with child sexual abuse issues that "despite an ideology that is characterized and set apart from other professional disciplines by its attention to environmental factors that impinge on an individual's well-being, social workers intervened in the same manner as did other multidisciplinary team members, with individuals and families in mind and with a focus on pathology" (p.214). What are we to make of social work participation in, and leadership of, interdisciplinary teams in light of these findings? Perhaps a part of the difficulty lies in the vagueness of how interdisciplinary team approaches are defined in the literature.

PROFESSIONAL IDEOLOGIES

Professionals from a variety of disciplines find themselves confronted with the social problem of domestic violence. A profession is defined as "a calling requiring specialized knowledge and often long and intensive academic preparation", while a discipline is characterized as "a field of study"(Webster's Collegiate Dictionary, 10th ed., 1993). Due to the complexity of the subject matter, many writers have argued that intervention must come from an interdisciplinary perspective to be truly effective. Feder (1999) argued that such an approach is necessary for "the various disciplines, as well as academics and professionals working in this area, to understand the nature, causes, consequences, and treatments for domestic violence" (p.1). Viano (1992) noted "the study of marital and family interaction and the ensuing conflict cuts across disciplinary boundaries". However, each discipline has developed its own perspective regarding the issue of violence between intimates and may have very different goals for intervening with the problem (Gelles & Loeske, 1993). For this reason, interdisciplinary team approaches to social problems such as domestic violence are fraught with potential difficulties not faced when single disciplines are left to intervene with such cases.

As the battered women's movement gained support in the 1980s, professional groups began examining how their disciplines addressed this problem. Legal and criminal justice professionals examined the impact of mandatory arrest and protective order legislation on both the victim and offender (Pagelow, 1984). Medical providers studied the screening and intervention of

intimate violence by primary care physicians (Oriel & Fleming, 1998; Rodriguez et al, 1999), physician belief systems regarding victims of domestic assaults (Garimella et al, 2000), and physician training on domestic violence (Warshaw, 1997). Scholars on Christianity (Whipple, 1988), Judaism (Graetz, 1998), and military chaplainry practice (Parry, 1983) examined how denominational practices and beliefs either supported or opposed marital power differentials that could set the stage for abusive behaviors between couples.

Mental health professionals (social workers in particular) have taken the lead in providing services to violent families. Comparative studies between mental health professionals and college students (Drout, 1997), volunteer advocates (Sporakowski, McKeel, & Madden-Derdich, 1993), police officers (Home, 1994) and criminal justice agents (Hampton, 1999) have attempted to identify how mental health training and experience result in differing assumptions and proposed interventions than do those with other backgrounds. These studies show that such differences do exist between those with an educational background in one of the mental health fields and others in the population. Interdisciplinary team approaches to intimate violence rely on the professional expertise of varied disciplines to make case status determinations related to spousal abuse. Therefore, it is crucial to begin understanding the ideological stance of each professional group related to the causes of and intervention strategies for incidents of spousal abuse. A brief review of specific studies undertaken in the disciplinary fields of medicine, law, criminal justice, and

pastoral care may help to clarify both the nature of these differences and how they may influence the decision-making process regarding domestic violence cases.

Health Care Profession

Medical providers see the problem of intimate violence from a slightly different perspective than that of other professions. Berrios and Grandy (1991) studied trends in emergency room care of battered women at a San Francisco hospital. In reviewing interview data from 218 women presenting for medical care due to injuries sustained from an intimate, they noted similarities in their demographic profiles and abuse histories. For the majority of women (93%), the batterer was either a current/former boyfriend or husband. The presenting episode did not constitute the first incident of violence in their relationship in eight-six percent of the cases. These incidents were severe enough for admission to the hospital in twenty-eight percent of cases, and thirteen percent required surgery to repair damage caused through the abuse.

Physicians working in direct practice settings see cases of intimate violence on a regular basis. Despite the evidence that physicians regularly see both victims and offenders in their practices, there are suspicions they may be hesitant to intervene. Rodriguez et al. (1999) surveyed 400 physicians in California regarding their screening practices for domestic violence. Although seventy-nine percent screened injured patients regarding violence in the home, screening for abuse in uninjured new patients (10%), periodic check-ups (9%), and prenatal care (11%) was surprisingly low. The study concluded, "primary

care physicians are missing opportunities to screen patients for intimate partner violence in a variety of clinical situations" (p. 2).

Coulter and Chez (1997) explored how supportive abuse victims are of laws requiring mandatory reporting of domestic violence by health care providers. The research protocol called for interviewing forty-five female victims of intimate violence in Florida to determine whether they believed their health professionals should report incidents of partner violence. A large majority of respondents (76%) favored laws requiring health professionals to report suspicions of abuse to law enforcement authorities. These findings would seem to bolster the argument that victims of intimate violence support efforts from their medical providers to intervene on their behalf.

Physician discomfort may be one barrier toward a more consistent screening and intervention protocol. Garimella et al. (2000) sampled seventy-six physicians in four medical specialties (emergency medicine, family practice, obstetrics-gynecology, psychiatry) to measure their belief systems about victims of spousal abuse. Although ninety-seven percent of the respondents viewed part of their professional role as assisting abuse victims, approximately one-third "either believe that their patient's personalities led them to being abused or that the victim must be getting something from the relationship, or she would leave" (p. 408). Additionally, they noted that seventy percent see themselves as having insufficient resources (referral information, counseling skills) to be of much assistance to the victim. The authors suggested that interdisciplinary collaboration is an important component to effective intervention with these patients. This is

articulated in their closing paragraph when they state, "physicians alone cannot alleviate the problem of spouse abuse, but by playing their role alongside social workers, police, lawyers, and other professionals, they can help women understand their choices and improve their current situation" (p. 410).

Bowker and Maurer (1987) argued that the medical profession's ideological stance regarding their primary mission works against their ability to effectively intervene in cases of intimate violence. Using data obtained from a sample of one thousand battered women, they found victims rated medical staff as less effective than other professional groups in addressing their needs. One rationale hypothesized by the researchers for this rating is the focus of medical personnel training. They observed that "an underlying theme in many of these explanations is that most physicians and nurses are trained only in the treatment of problems with physical or sometimes psychosomatic etiologies, while wife abuse has a social etiology" (p. 27). Thus, most medical personnel confine their activities to the treatment of physical injuries and ignore what is viewed as the social/psychological issues surrounding a dysfunctional family situation. Bowker and Maurer concluded that "medical professionals tend to have rather narrow and inflexible goals for service delivery to battered wives, consisting largely of biological system interventions for what is mainly a social system problem which has produced pathological and biological system effects" (p. 44).

A content analysis of fifty-two medical records at a large public hospital emergency room was used by Warshaw (1989) to explore medical personnel (physicians and nurses) response to incidents of domestic violence. The

medical records selected explicitly mentioned a medical problem related to an injury occurring at the hands of a significant other. In describing the medical response to such injuries, Warshaw commented, "In the majority of the cases, the women gave very strong clues about being at risk for abuse but these clues were addressed directly in only one case, and for the most part, were specifically ignored" (p. 508). The analysis also showed that medical staff chose to handle their legal obligations through reports to police (nursing staff) and medical obligations through prescription of pain medications (physicians), but rarely requested psychiatric or social work consultation.

Nurses may be the first health care providers to see domestic violence victims. In an overview of family violence, Campbell et al. (1995) provided a nursing perspective to the problem of spousal abuse. They reported that twenty to thirty percent of all emergency room visits by women are for injuries related to violence at home. They later noted that despite these figures studies have shown "women are infrequently asked about abuse." Nurses are seen as less likely to blame victims, but also share in physician's hesitancy to address possible domestic violence incidents.

The trend noted throughout the literature when examining the medical profession's response to intimate violence is one of caution and limited training. Available studies reach the conclusion that medical professionals hesitate to delve too deeply into their patient's personal lives to inquire about possible abuse. This reticent approach may play itself out through excessive caution in

exploring issues when medical providers are part of an interdisciplinary team addressing domestic violence cases.

Law Enforcement/Legal Profession

Police departments throughout the nation have historically been hesitant to intervene into family disputes. In fact, until the 1980s most law enforcement agencies actively discouraged their officers from arresting domestic violence offenders (Bourg & Stock, 1994). The preferred method for addressing domestic violence calls was to avoid arresting the perpetrator if possible, often advising the victim of the potential consequences of the arrest such as the abuser losing their job or using needed funds to pay court costs (Zorza, 1995). A 1975 training bulletin by the Oakland, California Police Department advised its officers "the police role in a dispute situation is more often that of a mediator and peacemaker than enforcer of the law.... Normally, officers should adhere to the policy that arrests shall be avoided" (Hoctor, 1997, p. 650). This lack of police intervention left many victims with few options to address the violence in their relationships.

During the mid-1970s many states became increasingly concerned about the failure to effectively interrupt the violence occurring in their citizen's homes. In 1977, Oregon became the first state to enact a statute requiring police officers to arrest a perpetrator of family violence if they had "probable cause" to believe an assault had occurred (Hoctor, 1997). The 1980s found victim advocate groups encouraging women to file legal action against police departments for failing to protect them from their abusers. The most famous of these suits

occurred in 1985 when a housewife sued her local police agency for failing to protect her from her estranged husband. Tracy Thurman reported to the Torrington Police Department that her husband had assaulted her and threatened her life. The police department refused to arrest him and their subsequent late response to a call for assistance resulted in Mrs. Thurman being physically assaulted and receiving twelve stab wounds (Hoctor, 1997). Thurman vs. City of Torrington became a landmark case that led to significant changes in police intervention in domestic violence incidents.

In the wake of these legal actions local police departments in most states subsequently implemented pro-arrest or mandatory arrest policies. Additionally, all fifty states have adopted some form of protective order legislation (Carlson et al, 1999). The District of Columbia adopted a pro-arrest policy in June 1987 but found that little had changed regarding police intervention in a study completed in March 1988. Police officers were still seen as hesitant to arrest an offender unless they were disrespectful of the police officer's authority or property damage had occurred (Klein, 1991). Other areas noted more positive results following implementation of mandatory arrest policies. New York, NY also enacted a mandatory arrest law in 1994 and has noted, "arrests in which the offender and victim are related are on the rise" (Walsh, 1995).

Much of the literature involving the criminal justice system's response to domestic violence is in the form of empirical studies conducted in the wake of enactment of mandatory arrest legislation. Bourg and Stock (1994) reviewed a Florida police department's arrest statistics to analyze whether having

a pro-arrest policy without accompanying officer training and community support is sufficient to decrease domestic violence recidivism rates. This study chose a police department that had no organized community approach to combating domestic violence and provided only limited training in this area to their officers. Results noted that over a twelve-month time frame only 28.8 percent of all domestic violence calls ended in an arrest being made. They also found a higher percentage of women being arrested as batterers (8.4%) than might be expected. They subsequently hypothesized that a number of these women may have either been part of a dual arrest scenario or acted in self-defense against their aggressor.

Mignon and Holmes (1995) also explored police officer response to enactment of mandatory arrest policies. Twenty-four police departments across Massachusetts were selected for study soon after initiation of this state's mandatory arrest law. Over a three-month time frame (December 1991 to February 1992) 861 domestic violence cases were reported. The alleged offender was arrested in only 33.2 percent of these cases with later studies showing a slight increase to 37.8 percent. The authors completed a logistic regression to analyze possible predictor variables related to arrest decisions. They found that injury to the victim, violation of a restraining order, use of a weapon, and residing together were significant predictors of arrest for the cases examined. The value of police training was also found to be important, as less experienced officers appeared to arrest more frequently than officers with more than fifteen years of law enforcement experience.

Gender differences may also account for how law enforcement officials intervene with suspected domestic violence incidents. Stalans and Finn (2000) examined the perceptions of male and female police officers when confronted with a hypothetical spousal abuse scenario. They note "research on socialization into the professions suggests that the attitudes and performance of women officers may not differ from men officers because they have learned the 'norms and rules' of the job, which are created by men" (p. 4).

To test this assumption, they sampled 254 Georgia police officers (214 male and 40 female) currently involved in training sessions. The gender samples were evenly divided between experienced and rookie officers. Officers were asked to review one of twelve sample vignettes and choose what they felt was the most appropriate among a variety of intervention options. The researchers manipulated three features of the scenarios (injury to wife, behavior of wife, and level of antagonism between wife and husband) to determine what impact these may have on the officer's decision-making process. Using chi-square and logistic regression, the findings noted no gender differences in arrest rates. However, they did find that experienced female officers differed from the other groups by referring victims more often to shelters and less often recommending marital counseling for the couple. They concluded, "Possibly due to experiences with harassment or discrimination experienced women officers become more sensitive to the battered woman's situation and attempt to provide information and resources and to discourage her from staying in the situation" (pp. 18-19).

Stith (1990) studied how male police officers view instances of domestic violence. She focused on personal characteristics such as sex-role egalitarian views, extent of general life stressors, and approval of marital violence (along with use of violence in the officer's own marriage), to gauge male officer's overall response to domestic violence victims. Her research design called for 240 Kansas law enforcement officers to complete a series of questionnaires to determine whether individual or family influences affect the male officer's ability to objectively respond to incidents of spousal abuse. Validated instruments such as the Sex-Role Egalitarian Scale (Beere et al., 1984), Social Readjustment Rating Scale (Holmes & Rahe, 1967), Conflict Tactics Scale (Straus, 1979), and the Social Desirability Scale (Crowne & Marlowe, 1964) were used to gather the data. Stith found that male officers who scored higher on sex-role egalitarianism were less likely to respond in a negative manner to victims of domestic violence. Conversely, more negative responses toward victims were likely from those male officers who believed that marital violence was at times justified due to spousal behavior. An interaction effect involving egalitarianism and stress levels was also discovered, in which increased stress was found to trigger more antivictim responses in even highly egalitarian officers. The author recommended that "training programs designed to improve police officer's response to victims of domestic violence should include activities designed to increase the officer's level of sex-role egalitarianism" (p. 89).

As can be surmised from the studies reviewed thus far, the overall ideological stance of the law enforcement profession makes intervention in cases

of intimate violence challenging. Faragher (1985) summed up this ideological position in a discussion focusing on the police response to violence against women. He described the police generally viewing incidents of domestic violence as "lying in the private sphere, to be marginal to the tasks of real police work and to offer little opportunity for the exercise of professional skill" (p. 120). Police officers, however, are not alone in their professional views regarding the problem of domestic violence. The other arm of the criminal justice system, the legal profession, also appears to share the ideological stance that spousal abuse is mainly a private matter to be handled within the confines of the family.

Researchers interested in understanding how members of the legal profession view this social problem have also investigated the response of the attorneys and judges to domestic violence incidents. Bowker (1983) conducted interviews with 146 female victims of spousal abuse to determine their level of satisfaction with the legal assistance they received. Participants rated on a five-point Likert scale (from very successful to very unsuccessful) their views regarding whether legal intervention was helpful in either decreasing or ceasing abusive behavior. Findings noted fifty-nine percent rated legal intervention as successful (9% very successful and 50% fairly successful) in assisting them in discontinuing violence in their marriages. The author explained that although generally positive findings emerged from this study, numerous negative reports surfaced to include:

1. "District attorney's who refused to help battered women for technical reasons;

2. District attorney's who went out of their way to discourage battered women from filing charges;
3. Lawyers who used their power over the battered woman to attempt to meet their own personal and professional needs; and
4. Lawyers who sided with the aggressors or who otherwise discouraged the battered woman from following through on their plans" (p. 410).

Klein and Orloff (1999) explored the judicial system's attempts to intervene in domestic violence cases. They noted that legislation related to civil protection orders, stalking laws, property rights, and child custody issues are being revised to take into account intimate violence dynamics. Despite these attempts "some jurisdictions permit actions that can be extremely detrimental to victims of domestic violence and are contrary to the recommendations of legal and judicial domestic violence experts" (p. 39).

Mutual protection orders that send a message to the victim that they are partly to blame for the violence and mediation that assumes an equal power distribution in the relationship are examples of ideologies permeating the legal and law enforcement professions conceptualization of spousal abuse. Parker (1985) focused on the legal profession's response to domestic violence. He described three interrelated themes that guide the legal profession's approach to spousal abuse:

1. "The ideology of privacy – family law derives from the notion that the home is a private place, a haven in a heartless world, which is free from

outside intervention. Law only steps in when things go wrong and family dissolution is inevitable;

2. The vast gap between the law on the books and the law in action. There may be laws developed that judges/prosecutors are hesitant to enforce; and
3. The complexity and lack of integration of legal remedies. Laws intended to give protection against physical and mental abuse may be unintelligible to most persons who might benefit from them" (pp. 97-98).

When members of the legal and law enforcement professions are included in teams making decisions regarding domestic violence incidents, their ideologies may influence the focus and tenor of group discussions. Commenting on the participation of legal and police members in multidisciplinary case conferences dealing with child maltreatment, Baglow (1990) suggested that "police and legal representatives often feel that too much time is spent on individual and family dynamics and not enough time on ascertaining who is responsible for the abuse and what, if any, legal action can be taken" (pp. 391-392). This focus on consequences for behavior and deterrence from future incidents through criminal justice strategies is the hallmark of the legal/law enforcement ideology in addressing family violence. When this ideological stance competes with other professional ideologies located within an interdisciplinary team, challenges involving effective team functioning may arise.

Clergy Profession

Military chaplains represent a variety of religious denominations including the Roman Catholic, Protestant, Orthodox, Jewish, and Islamic faiths.

The Protestant faith is an "umbrella grouping" which serves to include a wide-range of Christian denominations. The primary role of the chaplain is to provide for the spiritual needs of their assigned military installation. Parry (1983) addressed the prominent role chaplains' play in the military community, in particular their consultative role with unit commanders. In discussing incidents of abusive behavior on the military installation, Parry noted, "Chaplains are a crucial helping resource for military families and battered wives often confide in them before they turn to anyone else" (p. 77). This preference may be due in part to the privileged communication chaplains enjoy with their clientele. Where professionals in other fields (social work, psychology, medicine) may be compelled by legal or organizational directives to report instances of abusive behavior, a military chaplain has been granted the privilege of total confidentiality in communications with clients. This privilege is clearly spelled out in a 1999 memorandum from the Chief of the USAF Chaplain Service, William J. Dendinger, when he states, "It is the policy of the United States Air Force Chaplain Service that under no circumstances (except with the client's consent) will a chaplain ever compromise the privilege by disclosing information revealed in a confidential setting" (Dendinger, 1999).

The ability to maintain client confidentiality makes the chaplain an attractive alternative to other helping professionals who must initiate formal proceedings when notified of an abusive incident. For this reason, many

commanders may seek assistance from the chaplain service before deciding to refer to the base Family Advocacy Program (Neidig & Cuny, 1990). In her study of the U.S. Army Family Advocacy Program, Dorsey (2000) provided verification of Neidig and Cuny's observation of command preference when she noted, "Clearly the most common response to any evidence of potential domestic problems was to enlist the aid of the chaplain" (p. 40). This places the chaplain in the difficult position of making assessments on domestic violence incidents to determine whether social work or other professional services are required. Parry (1983) cautioned that this scenario could possibly lead chaplains to "resist in using the formal system in these cases and so, unwittingly, become collaborators in the perpetuation of violence" (p. 81).

The amount of professional preparation chaplains of all denominations receive in the area of domestic violence may vary widely. Neidig and Cuny (1990) stressed that chaplains must "understand the dynamics of interpersonal violence to be able to effectively discharge their responsibilities" (p. 2). The literature suggests, however, that many in the clergy struggle in addressing the problem of spouse abuse. Whipple (1988) discussed the difficulties those with Fundamentalist Christian backgrounds may face in dealing with issues of domestic violence. She highlighted examples of faith related beliefs that may be espoused by clergy and place women at greater risk such as (a) "biblical teaching on the submission of the wife to the husband" (p. 140), (b) "the sanctity

of marriage versus divorce and separation" (p. 141), (c) "forgiveness – a wife returning to her husband if he apologizes for his behavior" (p. 141), and (d) "the salvation syndrome – where the battered Christian wife believes if she stays and prays, her husband will change" (p. 142). Cassiday-Shaw (2002) cited a recent study by Alsdurf to identify why the pastoral response to spousal abuse may keep Christian women in abusive marriages. Alsdurf surveyed 5,700 Protestant clergy to inquire their response patterns to women seeking pastoral guidance from them related to violent episodes in their marriages. He found "26 percent said they would normally tell a woman being abused that she should continue to submit, and trust God would honor her action by either stopping the abuse or giving her the strength to endure it" (p. 55). A majority of the clergy respondents stated that tolerating some violence in the home would be preferable to the wife seeking separation or divorce. Other factors noted in the study included a) twenty-five percent feeling a lack of female submissiveness was causing the abuse, b) seventy-one percent stating they would not advise separation despite the presence of spousal abuse, and c) ninety-two percent rejecting divorce as an option for an abused spouse (p. 55).

Myers (2000) provided a review of Graetz (1988) examination how the Jewish faith addresses spousal abuse. Myers noted, "Many rabbis have limited knowledge about wifebeating insofar as it exists in the Jewish community" (p. 334). She cites Graetz viewpoint that the rabbinical response to

incidents of domestic violence is laced with denial that these types of social problems truly exist within Jewish families. Since males are also seen as sovereign in their households according to Jewish custom, Myers cites Graetz conclusion that "rating the community's interest in family stability and obedience to rabbinic law as more important than the suffering of an individual has allowed men who beat their wives to also keep them under their control" (p. 333).

The clergy profession thus faces many ideological challenges to addressing the problem of domestic violence. All religious frameworks value the sanctity of marital vows and the maintenance of the nuclear family. Spousal abuse represents a threat to the marital relationship and places the chaplain in an ideological bind. Further, the chaplain may be bound by client confidentiality and unable to share specific information about the family situation to other helping professionals. The literature suggests that the clergy may deny the extent of (or even the existence of) domestic violence in their community and go to great lengths to reconcile marital relationships despite the evidence of abusive behavior. These professional beliefs might be brought into the interdisciplinary team process and influence their decision-making regarding incidents being discussed.

CONCLUSION

The armed forces have struggled with the concept of interdisciplinary teamwork and in what circumstances is it advantageous to utilize such an approach. The organizational culture of the military places great faith on the use of teams to accomplish its mission. Each service branch is divided up into units --such as squadrons, battalions, wings, and major commands -- which essentially are groupings of individuals placed together for a specific reason. It is not surprising then that the military's response to intervention into social problems such as family violence would include development of a team approach.

The Family Maltreatment Case Management Team (FMCMT) is the entity that was created to help address family violence in the military. It is defined in Family Advocacy regulations and standards as a multidisciplinary team. Conceptually, this designation does not appear to be the appropriate one. Given the structure and leadership of this team, it functions more from an interdisciplinary than a multidisciplinary perspective. Although this discussion may appear trivial it suggests important questions. What is the purpose for the team? What professional ideology will drive decision-making? What will be the extent of the contributions of individual team members? This study will attempt to clarify the definition of the team and sort out these and other questions.

Chapter 3: Methodology and Data Analysis

This chapter describes the methodology of the research study. It reports a description of the hypotheses, operational definitions of key terms, sampling procedures, data collection and analysis procedures, and missing data analysis/assumptions for multiple regression findings. The literature review noted quantitative research studies on groups/teams typically focus on only a small segment of group behavior. This is due to the complexity of the group phenomenon where many possible factors can impact group processes. Researchers have thus analyzed only specific slices of group behavior rather than attempting to understand the gestalt of the group. This study will also follow this approach by confining its focus to four factors hypothesized to impact interdisciplinary team member voting behavior related to new spousal abuse incidents. Institutional Review Board approval for this study was obtained through both the University of Texas at Austin and the United States Air Force prior to initiation of data collection procedures.

HYPOTHESIS

The goal of this study is to test the following hypotheses:

1. Family Maltreatment Case Management Team (FMCMT) members on committees where the social work assessment related to substantiation of spousal abuse incidents is openly acknowledged will be more likely to vote in accordance with the social work assessment than will team members' on committees where the social work assessment is withheld.

a. Independent Variable: A dichotomous variable based upon whether or not the social work assessment is shared with the member prior to team discussion and voting.

The first hypothesis is based on the idea emanating from status characteristics and normative influence theory. Status characteristics theory suggests that team members will determine who on the team has the greatest amount of task competence and thus grant this person more influence over the decision-making process. Normative influence theory then adds that once team members gather information, they change their initial ideas to better match other team members. As stated earlier, the social work profession is deemed by USAF regulations/directives as expert in the area of family violence. In the case of hypothesis one, it is postulated that if social workers verbalize to the FMCMT members their assessment regarding whether an incident of spousal abuse has occurred, the team members are likely to both accept that assessment as correct and seek to match their ideas to the professional's judgment. If they are not aware of this assessment information, the social worker's influence over them is lessened, and they will be freer to render their own verdict regarding the incident.

This is an important question due to the confusion it has brought to the FMCMT process throughout the USAF. As stated earlier, no standard exists to guide social work officers in determining whether they should share their case status recommendation with the FMCMT members. This has led each individual base FMCMT to adopt it's own strategy regarding how to address this issue. Some teams have concerns about openly sharing the social work recommendation

regarding whether or not to substantiate abuse. This concern focuses on the perception that team members are unduly influenced by the social work recommendation and adjust their voting on cases accordingly. These teams have attempted to control for this by deciding to withhold this information from team members. Other teams continue to openly share the social work recommendation as part of the case status deliberation process. To date, no empirical studies have been done to assist these teams in determining the impact of the social work assessment on other team members' decision-making process.

2. There is a difference among the professional disciplines that compose the FMCMT in their tendency to agree with social work recommendations regarding case substantiation of spousal abuse incidents.

    a. Independent Variable: A categorical variable that identifies the specific professional discipline of each member of the FMCMT.

Hypothesis two focuses on the interdisciplinary composition of the FMCMT. No prior studies have been found that address the particular question of the extent of disciplinary difference in accepting social work recommendations on case substantiation within an interdisciplinary team approach for domestic violence. Military case review committees (of which the USAF FMCMT is an example) appear to be unique in their ability to convene experts within the same organization to address spousal abuse in their community network. Occupational socialization and professional ideology theories suggest that differences may exist between professional groups regarding how they view social problems such as domestic violence.

3. FMCMT members belonging to offender-control oriented professions (law enforcement, legal, military command) will be more likely to disagree with the social work assessment related to case status determination than will members belonging to victim-services related professions (medicine, ministry, family specialists).
    a. Independent Variable: A dichotomous variable identifying whether the member belongs to an offender-control oriented or victim-services oriented professional discipline.
4. FMCMT members with more task-related experience in the FMCMT process will be more likely to disagree with the social work assessment related to case status determination than inexperienced FMCMT members.
    a. Independent Variable: A continuous variable that identifies each team members' assessment of their level of professional training and experience related to the task of the FMCMT.

The final two hypotheses relate to the influence professional focus and task-related experience have on group decision-making. As noted in chapter two, expectation states theory posits that increased levels of experience in areas related to the team's task brings with it increased status within the group setting. Therefore, it is hypothesized that those team members with the most experience/training working with spousal abuse cases and the FMCMT will be granted more influence during the team discussions than inexperienced members with limited training. This influence may allow for an increased propensity to challenge the social work assessment within the group setting.

Secondly, as the literature on the professional ideologies that comprise the FMCMT membership notes, there are two major orientations that influence disciplinary decision-making related to domestic violence incidents. One orientation sees the focus of intervention as primarily oriented around decisions related to the criminality of the incident. Law enforcement, legal, and military command professionals may be more likely to hold this orientation since they focus their attention on determining consequences for aberrant behavior and recommending actions to prevent their future recurrence. The medical, clergy, and family support professions have a different focus of attention. They have a dual purpose to address any physical, emotional, or spiritual harm that has befallen the family members and make recommendations aimed at treating the problem areas. The social work professional, although needing to take into consideration both stances, tends to be more oriented toward treatment considerations related to spousal abuse.

OPERATIONAL DEFINITIONS

For the purpose of this study, operational definitions related to the USAF Family Maltreatment Case Management Team process were drawn from the glossary of terms developed through the USAF Family Advocacy Program standards (July, 1998). The researcher defined those terms not specifically discussed in the FAP standards and described their functional use within the context of the study. The unit of analysis for each hypothesis was the individual FMCMT member with case voting privileges. The dependent variables consisted of the FMCMT member vote on each new case of suspected spousal abuse. The

focus will be on the member's agreement/disagreement with the social work recommendation related to the case being voted upon.

1. Hypothesis #1: *Incident status* regarding spousal abuse cases is determined by the FMCMT through voting on each case. Three outcomes are possible regarding the incident case status determination process. The case can either be a) unsubstantiated – did not occur, b) unsubstantiated – unresolved, or c) substantiated. *Unsubstantiated - did not occur* describes "an incident that has been assessed with determination by the FMCMT to be without merit or foundation.....The available information that indicates that abuse by maltreatment did not occur is of greater weight or more convincing clinically than the information that abuse or maltreatment occurred" (FAP standards, 1998). *Unsubstantiated – unresolved* describes "an incident that has been assessed by the FMCMT that the information available to support an alleged incident is of the same weight or equally convincing as the information that the alleged incident did not occur" (FAP standards, 1998). *Substantiated* refers to "an incident that has been assessed with the determination by the FMCMT that the preponderance of available information indicates that maltreatment did occur" (FAP standards, 1998). Physical, emotional, or sexual maltreatment are all behaviors that can lead to a case being substantiated. For the purposes of this study, no differentiation between the types of abuse will be explored. This is due to case substantiation leading to mandated treatment services while unsubstantiation requires no further mandated FAP intervention. It

is also possible for the FMCMT to delay the final decision on a case due to a variety of reasons (more information needed, voting quorum unavailable for that case, etc.). This places the case in a *Suspected* status and requires a review of the case at the next FMCMT meeting for case status determination.

2. Hypothesis #2: The professional disciplines involved in this dissertation are seen as distinct fields of study, with each having their own specialized knowledge base gained through academic training and job-related experience.
3. Hypothesis #3: For the purposes of this study, FMCMT representatives who are also members of offender-control professions include the staff judge advocate, security forces representatives, and military command representatives. Victim-services professions include the chaplain, medical services (physician, physician assistant, nurse practitioner), military and civilian community family specialists (family support center, child development center, domestic violence shelters, substance abuse representatives, etc.), and mental health/family advocacy services (social work, psychology).
4. Hypothesis #4: Task-related experience was assessed from a single survey question using a six-point Likert scale. This question asks the FMCMT member to disclose his/her level of confidence in having the training and experience needed to make judgments regarding whether a case being presented to them represents abusive behavior. Other options

were considered for measuring this construct. Amount of training specific to spousal abuse, amount of prior experience as an FMCMT member, and number of FMCMT sessions attended were rejected as adequate measures due to primarily focusing only on length of time considerations related to the preparation of individuals dealing with the issue of spousal abuse. The team members were asked to consider these factors prior to disclosure of their level of confidence in assessing FMCMT spousal abuse cases through items on the questionnaire. Thus, the professionals' assessment of his or her training/experience related to the task of the FMCMT is thought to be a better predictor of behavior in the group setting than the other options considered.

SAMPLING

The study population consists of the Family Maltreatment Case Management Teams and all primary and alternate members of these teams located at United States Air Force installations in the continental United States (CONUS). In order to obtain an adequate number of reviewed cases, only those installations that reviewed 49 or more spousal abuse cases in FY 2000 were included in the study. Installations located outside CONUS were also excluded from this study due to response time and cost constraints. The study population includes professional disciplines such as social work (Family Advocacy Officer, Family Advocacy Treatment Manager, civilian community representatives, etc.), law enforcement (Security Forces and Office of Special Investigation), legal (Staff Judge Advocate), health care (Physician/Physician Assistant, Nurse Practitioner,

etc.), family specialists (Family Support Center, Youth Services, etc.), clergy (Chaplain), and military command representatives (First Sergeant and Command Master Chief). These professional disciplines comprise the typical FMCMT voting membership on suspected spousal abuse cases. The exceptions related to voting are the Office of Special Investigation representative (who does not vote on spousal abuse cases) and the Family Advocacy Officer (who votes only as a "tiebreaker" when the other votes are equally split among members). With 38 USAF installations located within the CONUS area meeting the selection criteria, a total number of 38 teams and the 228 professionals that comprise them could be asked to participate in the study.

Family Advocacy Officers at each USAF installation in CONUS meeting the inclusion criteria were contacted to gather information regarding their method of sharing social work recommendations with FMCMT members (shared openly or withheld) and their willingness to be involved in the current study. Thirty-six installations expressed an interest in involvement and comprised the sampling frame. The two installations that declined to participate cited increased workloads during the two months comprising data collection as their rationale for non-participation. Using cluster sampling, installations were divided into two sections reflecting their methods of sharing the social work recommendation. This method was chosen to allow an equal representation of both types of influence factors (sharing versus withholding of social work recommendation) that are currently being utilized within USAF FMCMT meetings. Eleven installations were then selected from each section. A purposive sampling method was used to

select the final sampling frame. The eleven installations in each category with the largest number of reported spousal abuse cases in FY2000 were selected for inclusion in the study. This sampling method was chosen to increase the probability of each participating installation having a sufficient number of new spousal abuse cases under review at the FMCMT meeting when data collection was to occur.

DATA COLLECTION

Survey materials were mailed to the chosen installations (and subsequently distributed to individual members) and included a cover letter, self-addressed stamped return envelope, request for demographic information, and instructions for completing the data collection sheets. A letter was sent out through the Headquarters Air Force Medical Operations Agency (HQ/AFMOA) located at Brooks AFB, TX to alert each participating installation of the upcoming study materials. This letter served to emphasize the importance of the study to the USAF and assist in facilitating a rapid and high response rate. Past studies using military populations have noted response rates that exceed those of more generalized civilian populations. This may be due to the nature of the military culture that reinforces the need to follow orders and complete projects in a timely manner. It was thus anticipated that the response rate for this study would be extremely high (perhaps approaching 100%) due to utilization of this methodology. This was confirmed, as all twenty-two installations selected for participation provided data for the study. Of the 167 study respondents from twenty-two installations, 135 respondents from twenty installations were

subsequently used in the data analysis. A decision was made following data collection to include only those respondents reviewing four or more cases. This was done to ensure that each case vote comprised no more than twenty-five percent of the dependent variable proportion of agreement with the social work assessment. Assuming a medium effect size ($R^2 = .13$), a sample size of 135 subjects combined with an alpha of .05 results in a power level exceeding .91 for this study (Cohen, 1988, p. 413). The use of a medium effect size is standard practice in social science research when no past studies provide clear examples of the effect sizes found while studying similar entities.

For the purpose of this study, all domestic violence incidents brought before the FMCMT during a one-month time frame at participating installations were included in the data collection. It was estimated prior to data collection that eight domestic violence cases would be covered monthly at each FMCMT meeting, making a total of 160 cases available for analysis. Following data collection, a total of 147 cases were reviewed across twenty meeting sites. This translates to an average of 7.35 cases reviewed per installation, close to the pre-data collection estimate. The Family Advocacy Officer or designee at each installation was asked to complete a data collection sheet (See Appendix A: FMCMT Data Collection Sheet) prior to the meeting on each spousal abuse incident presented to the team. Information gathered focused on:

1. The social work assessment related to case substantiation,
2. The FMCMT decision regarding case substantiation, and

3. The specific member attendance for the meeting in which data was collected.

The data collection sheets were organized so that the administrative staff member would only need to place a check mark in the bracket next to the correct response. The researcher completed the base location and the month of the FMCMT meeting section on all forms. An anonymous code letter was placed on each document to identify installations and to ensure that the proper FMCMT data collection sheet was connected to its corresponding FMCMT team member questionnaire. Writing on the forms by administrative staff was limited to decrease the likelihood of errors being committed. Administrative staffs were advised by written instruction (see Appendix C: Research Study Assistance Sheet) to complete the FAP-specific case number and social work assessment sections of Appendix A and the FAP-specific case number section of Appendix B prior to the actual meeting time. As FMCMT members arrived for the meeting, the FAO used the attendance roster to mark whether they were a) present for this particular meeting and b) whether they were a voting member. Upon completion of the FMCMT meeting, the FAO or designee was asked to complete the FMCMT decision section on all cases reviewed, have each member seal their forms in plain white envelopes, collect these envelopes and seal them in the large self-addressed, stamped mailer provided, and mail the envelope to the researcher.

A second instrument collected demographic information on each FMCMT member, gathered information regarding the members' level of confidence in assessing FMCMT cases, and asked team members to record two

items of information regarding each new spousal abuse case discussed during an FMCMT meeting (See Appendix B: FMCMT Member Data Collection Sheet).

The items related to new spousal abuse cases consisted of:

1. Each team member's voting pattern related to case substantiation, and
2. A six-point Likert scale outlining each team member's level of agreement with the final case status determination.

Team members received a packet at the beginning of the FMCMT meeting including a cover letter outlining the specifics of the study (which they were allowed to keep for their records), and the FMCMT Member Data Collection Questionnaire. Each member was asked to complete the background information section of the survey prior to the beginning of the meeting. Following each team decision on a new spousal abuse case, team members were asked to place a check mark indicating how they voted on the case reviewed and to circle the item that best identified their reaction to the final team decision. At the completion of the meeting, they were advised to check their forms to ensure that no items had been left unmarked and then to seal their forms in the envelopes provided for inclusion in the self-addressed, stamped mailer to be returned to the researcher.

The survey instruments were initially reviewed by an expert panel of USAF social workers at a case review process working group session held in August 2001. Slight modifications were suggested from this review and changes were made as recommended. The instruments were next pre-tested in November 2001 with an FMCMT committee located at a USAF installation in Central Texas

to gather further feedback on their usefulness. This team utilized the forms in an actual FMCMT meeting and provided feedback regarding any problems noted with their useage. Feedback from the team members following the meeting stated the forms were very easy to understand and their use did not interrupt the overall flow of the meeting. The only modification made from this pre-testing was in changing the terminology of the professional identification of the chaplain from ministry to clergy. The chaplain representative felt ministry was a function of the profession and that clergy more accurately conveyed the professional identity of the chaplain.

DATA ANALYSIS METHOD

A cross-sectional (correlational) study design accompanied by analysis of the data was used to address the research questions. Cross-sectional (correlational) study designs are frequently useful to study large representative samples. Each hypothesis was tested using multiple regression analysis. Multiple regression analysis is a multivariate statistical technique used to examine the relationship between a single dependent variable and a set of independent variables (Pagano, 1998). The dependent variables for the data analysis of all four hypotheses will be the proportion of complete agreement between the social work assessment and the FMCMT member vote on each case and the proportion of complete and partial agreement between the social work assessment and the FMCMT member vote. They are metric variables ranging on a scale from 0.0 to 1.0. Due to the dependent variable being a metric variable and the independent variables being either metric or dummy-coded, multiple regression is the

statistical analysis method of choice. Multiple regression is the most frequently used method of analysis in social work literature, which will aid in the reader's comprehension and understanding of results. Also, the research question is concerned with identification of the impact of certain independent variables on the dependent variable and to predict which ones have the more significant impact. This can readily be assessed through regression analysis. A hierarchical regression method was used to test hypotheses one, three, and four. A standard regression method was used to test hypothesis two. All hypotheses were tested first using the complete agreement dependent variable and then run using the complete and partial agreement dependent variable to determine if any different results occur depending upon whether we look at complete or partial agreement with the social work assessment. The social work profession was used as the reference category for the standard regression analysis. The ratio of cases to variables for hypotheses one, three, and four is 16:9 (135 cases/8 variables) and the ratio for hypothesis two is 19.3:1 (135/7) as only the professional discipline independent variables will be entered into the analysis.

The dependent variables for this study consisted of two ways to view the proportion of votes agreeing and disagreeing with the social work assessment (substantiation or unsubstantiation) across all spousal abuse incidents. The dependent variables were obtained by dividing the number of times an FMCMT member voted in agreement with the social work assessment by the number of spousal abuse cases reviewed at the meeting. This provided a continuous variable with a range from 0.0 to 1.0 for each subject to denote his or

her propensity to agree with the social work assessment. An initial analysis consisted of examining the complete agreement between the social work assessment and the FMCMT members' vote. These were times when there was no discrepancy between the social worker assessment of the case and the FMCMT member vote on that case. A subsequent analysis explored the complete and partial agreement between the social work assessment and the FMCMT member-voting pattern. This involved situations where the social worker may have made a case status assessment of unsubstantiated, did not occur and the FMCMT member voted to unsubstantiate the case as unresolved. Although there is a qualitative difference in the social work assessment and member vote, the result of both would result in no case being opened related to this incident.

Control variables were the respondent's age, gender, ethnicity, marital status, and military status. The literature on group decision-making suggests demographic variables such as those listed can impact a team member's status/power within the group setting. By holding these variables constant within the analysis, their potential to distort or suppress the relationship between the dependent and independent variables is *controlled* to allow for a more specific examination of the hypotheses.

Since hypotheses one, three, and four address questions focusing on the level of agreement with the social work assessment when certain predictors are taken into account (provide/withhold social work assessment, offender-control/victim-services orientation, level of task-related experience), a hierarchical method of data entry was utilized. Control variables were entered into

block one with the predictor variables entered sequentially into blocks two through four. This allowed the researcher to ascertain the R-square change that occurred after taking into account demographic characteristics and each successive predictor variable. The entry order of the predictor variables was determined through an examination of the level of external versus internal control available to the member related to the particular variable. Whether the social work assessment is provided to or withheld from the FMCMT prior to voting is made solely by the FAP staff and is out of the control of the individual members. Thus, a decision was made to enter it in block two of the hierarchical model following the control variables. The membership group of the respondent (offender-control or victim-services) does reflect some personal control related to career choice. However, as discussed in Chapter Two, the academic training and socialization processes of individual professions may be oriented to specific viewpoints when addressing the issue of spousal abuse. Due to the greater degree of individual control the member had over choice of profession versus their receipt of the social work assessment, this variable was entered in block three of the hierarchical regression analysis. Finally, the area in which respondents had the most control was in seeking training specific to domestic violence. The confidence level of each respondent combines elements of their academic training, experience in the area of spousal abuse and the FMCMT process, and continuing educational courses/readings obtained in the domestic violence field. Of the three independent (predictor) variables, the respondent had more ability to influence their confidence level than to modify the other areas. This rationale led to a decision to

enter the confidence level variable in the final block of the regression analysis after the member type and receipt of the social work assessment variables had been considered.

A standard method of data entry was used to test hypothesis two. Since hypothesis two only predicts that there will be a difference between the professional disciplines in their tendency to agree with the social work assessment, a standard regression method geared toward looking at the overall relationship between the variables was the best choice. All professional disciplines were dummy-coded prior to entering them into the regression analysis. Since social work is the profession assessing the new spousal abuse cases, it was chosen as the logical reference group in the dummy-coding system.

An SPSS script for missing data was run on the full data set (167 cases) to identify any pattern of missing data. Six variables were missing data. One variable (age) was missing eight cases, two variables (each dependent variable) were missing seven cases, one variable (married) was missing two cases, and one variable (race) was missing one case. The correlations related to missing/valid data were minimal. No variables had more than eight cases missing with no variables seen at risk for deletion due to a missing data pattern. A decision was made, however, to delete thirty-two cases due to them having reviewed three or fewer spousal abuse incidents during their FMCMT meeting. Post-filtering frequencies showed age missing six cases (mean = 42.6), confidence in the ability to determine if a spousal abuse incident should be substantiated or unsubstantiated missing one case (mean = 4.3), and the other variables having no

missing cases. Mean substitution for the missing cases was used to allow all post-filter cases to be analyzed.

SPSS scripts to test the metric variables for normality and linearity were also conducted prior to data analysis. All metric variables failed the KS-Lillefors test for normal distribution with no transformations able to induce normality. Neither of the metric independent variables (age, confidence level) displayed an obvious pattern of nonlinearity with either of the metric dependent variables upon inspection of the correlation matrix or scatterplot matrices. An SPSS script to test the constant variance across categories of nonmetric independent variables was also completed. Homogeneity of variance for all groups (using either dependent variable) was found to be equivalent. However, the independent variable labeled social work assessment provided or withheld from team prior to voting failed the Levene's test using the complete and partial agreement dependent variable with no transformations helpful in inducing variance equivalency. This shows that members being provided the social work assessment and those having the social work assessment withheld did not have the same variance for the variable on complete or partial agreement with the social work assessment. Also, the independent variable entitled respondent belongs to the family specialist profession failed the Levene's test for both dependent variables. A log transformation on the complete and partial agreement dependent variable and inverse transformations on both dependent variables corrected the homogeneity of variance problem. Since transformation of the dependent

variables only corrected one independent variable, the original form of the dependent variables was used in the data analysis procedures.

Chapter 4: Findings

INTRODUCTION

The purpose of this chapter is to present the research findings of the present study. The results will be discussed in two sections. First, a description of the characteristics of the sample is presented. The second section will present the findings specific to the testing of each hypothesis. Data were analyzed using the Statistical Package for Social Services (SPSS) graduate pack 9.0 for Windows.

SAMPLE CHARACTERISTICS

The sample consisted of 135 members of FMCMT groups located at twenty United States Air Force installations across the continental United States. FMCMT data from a cross-section of CONUS USAF major commands (MAJCOM) was collected for the study. These MAJCOM's included Air Mobility Command (six installations), Air Combat Command (eight installations), Air Force Material and Air Education and Training Commands (three installations each), and Air Force Special Operations and United States Air Force Academy Commands (one installation each). Owing to the anonymous nature of the study, it is unclear which two installations in these major commands were deleted due to reviewing less than four cases during their respective meetings.

Professional affiliation represented in the sample included social work, clergy, law enforcement, health care, legal, family specialists, and military

command representatives. There were thirty-four social work respondents representing both military and civilian community professional backgrounds. Seventeen were Family Advocacy Treatment Managers, seven were employees of state child protection agencies, three worked at the installation family support center, two each were clinical practitioners at either the installation life skills or substance abuse centers, and a single representative from the installation family practice clinic, family advocacy program (Family Advocacy Officer), and a community domestic violence agency were included in the sample. As a group, the social work profession had the most diversity regarding marital status and saw themselves as better trained in the spousal abuse field when compared with the other disciplines. The majority of social work respondents were female (64.7%), caucasian (82.4%), married (61.8%), civil service contract workers (61.8%) with a mean age of 45.93 years.

The fact that only one of the eleven Family Advocacy Officers submitting data met the criterion of voting on four or more new spousal abuse cases is owed to their status as 'tiebreakers' if the FMCMT voting is deadlocked after all votes are considered. Review of the demographic data from all Family Advocacy Officers completing questionnaires, however, confirms the discussion in Chapter Two related to the officers occupying that critical position. The FAO's were primarily company-grade officers (81.8%) with the third lowest mean age (36.63) of all the professional disciplines. They reported being assigned to the

FMCMT for 2.95 years with over eighty percent having attended less than forty total meetings. In fact, over one-fourth (27.3%) reported attending ten or fewer total meetings. Therefore, this sample provides evidence that the challenging role of Family Advocacy Officer is frequently occupied by military social workers in the relatively early stages of their USAF careers.

Family specialists formed the second largest professional group, with thirty respondents. Their employment locations were all within the military installation and ranged from family support center personnel (16 respondents); family member program flight representatives (6 respondents); substance abuse center, child development center, and early childhood specialist personnel (2 respondents each); and family childcare and youth services personnel (1 respondent each). The family specialists category was unique in this study, as it represented an amalgamation of various professional groups whose link to one another related to training focused on meeting the needs of military family members. The professional preparation for members of this category was different, as they had no single disciplinary training and socialization process in common as did members of the other professional disciplines. The majority of family specialist respondents were female (70.0%), caucasian (70.0%), married (86.2%), civil service and/or contract workers (93.3%) with a mean age of 46.9 years. This group had the second highest regard for the extent of their training in spousal abuse (mean = 3.38). However, this only translated to 41.3 percent seeing

themselves with either very extensive or a lot of training, with the remainder scoring at the moderate to no training level.

The remainder of the study respondents consisted of military personnel from various professional disciplines, with the exception of three civilian nurses who worked within the Family Advocacy Program and one attorney at the Staff Judge Advocates office. The twenty health care professionals included ten physicians, eight nurses (three pediatric nurse practitioners, three family advocacy nurses, and two medical facility nurses), one physician's assistant, and one pediatric dentist. As a group, the health care professionals were entirely caucasian in ethnicity and were the highest-ranking military officers attending the FMCMT meetings when compared with the other disciplines. The majority of health care respondents were female (65.0%), married (84.2%), field grade officers (55.8%) with a mean age of 48.5 years. This group had the second lowest regard for the extent of their training in spousal abuse (mean = 3.05). This translated to seventy-five percent seeing themselves with moderate to a little training, with the remainder scoring at the a lot to very extensive training level.

Eighteen attorneys from the installation staff judge advocate office formed the legal profession respondent category. The legal professionals involved in this study were the second youngest group and saw themselves as having less training in the spousal abuse field (mean = 2.94) in comparison to the other disciplines. No legal respondent reported having very extensive training in

spousal abuse, and seventy-two percent scored within the moderate to no training category. The majority of legal respondents were male (72.2%), caucasian (88.9%), married (83.3%), company grade officers (66.7%), with a mean age of 36.11 years.

Eleven security forces personnel and one office of special investigation agent represented the law enforcement profession. As a group, the law enforcement professionals were the youngest participants and primarily came from the military enlisted ranks. The inclusion of an office of special investigation respondent is somewhat puzzling as, although they are asked to attend FMCMT meetings, they are generally non-voting members. It was unclear from the returned forms whether this respondent was an actual voting member or completed this section "as if" he were a voting member. Since this respondent did complete the voting section of the survey form, it was decided to include his responses with the rest of the law enforcement respondents. The majority of law enforcement respondents were male (83.3%), caucasian (75.0%), married (91.7%), E-5 to E-9 enlisted military members (83.3%) with a mean age of 35.82 years. No law enforcement member scored in the very extensive spousal abuse training category, although fifty percent of respondents saw themselves having a lot of training in this area.

Sixteen installation chaplains formed the clergy professional category. Since no survey question asked which denomination the chaplain

represented, no specific information is available on that topic. As a group, the chaplains were the second oldest and second highest-ranking members attending FMCMT's from this sample. The majority of clergy respondents were male (93.8%), caucasian (87.5%), married (75.0%), at the O-3 (captain) or O-4 (major) officer rank (87.6%) with a mean age of 44.25 years. No chaplains scored in the very extensive spousal abuse training category, with all but one seeing himself or herself with moderate to a lot of training.

The military command category consisted of three Command Chief Master Sergeants and two installation first sergeants. These enlisted members work either directly for the Wing Commander or an installation squadron commander and focus much of their attention on the quality of life for military members and their families assigned to that installation or squadron. Command representatives are not listed in the regulation for mandatory FMCMT attendance but can be invited to attend and be voting members at the discretion of the installation Family Advocacy Committee. Of the five military command representatives involved in the study, all were married E-5 to E-9 enlisted military members. The majority were male (60.0%) caucasians (80.0%) with a mean age of 44 years. No command representative scored in the very extensive or no spousal abuse training categories, with their scores spread between having a little to a lot of training in this area (mean = 3.2).

As can be seen in Table 1, the differences between the two groups related to demographic variables and professional affiliation are minimal. An independent samples t-test was performed on the age variable to see if any statistically significant difference was noted between the mean scores of the two groups. The mean age of the provide assessment group was 42.67 years old, and the mean age in the withhold assessment group was 42.54. Results of the t-test ($t = .080$; $p. = .936$) suggested there was no significant difference between the provide assessment and withhold assessment groups on this variable.

The equivalence of the remainder of the demographic variables was tested using the chi-square statistic. Chi-square is a nonparametric test used to determine whether two categorical variables are independent or are related (Pagano, 1998). Coefficient phi was also computed along with the chi-square statistic. Phi is a measure of correlation between two categorical variables with a range from zero (no relationship existing between the two factors) to one (a perfect relationship existing between the two factors). The percentage of female (55.9%) to male (44.1%) respondents was higher in the provide assessment group when compared to the withhold assessment group (female, 41.8%; male, 58.2%). Results of the chi-square indicated that the differences related to gender were trivial and not significant (chi-square = 2.682; d.f. = 1; p. = .102; phi = -.141). When ethnicity and marital status were considered, both groups had substantially more non-minority and married respondents. The chi-square analysis showed no

significant differences between the groups on either variable. (ethnicity – chi-square = .240; d.f. = 1; p. = .624; phi = -.042 and marital status – chi-square = .612; d.f. = 1; p. = .434; phi = .067). Military status was equally divided between military and civilian members in the provide assessment group, while the withhold assessment group had more military members (58.2%) than civilian respondents (41.8%). The groups did not significantly differ on this variable (chi-square = .916; d.f. = 1; p. = .339), and the phi value of .082 showed little association between military status and group membership.

When each professional discipline was considered, the provide recommendation group had slightly more social work, law enforcement, family specialist, and military command representatives, while the withhold assessment group had a higher percentage of health care, legal, and clergy respondents. Their chi-square scores ranged from 1.823 to .135 with probability scores ranging from .603 to .177. None of the individual professional disciplines were found to be statistically significant related to group membership, and the phi values (ranging from .116 to .045) showed minimal association between profession and group membership.

Table 1: Demographic Characteristics of the FMCMT Members

Characteristic	Provide Social Work Assessment Group N = 68	Withhold Social Work Assessment Group N = 67
Age*		
Mean	42.67	42.54
Standard Deviation	9.62	9.26
Range	40.00	38.00
Gender		
Male	30 (44.1%)	39 (58.2%)
Female	38 (55.9%)	28 (41.8%)
Ethnicity		
Minority	11 (16.2%)	13 (19.4%)
Non-minority	57 (83.3%)	54 (80.6%)
Marital Status		
Married	51 (75.0%)	54 (80.6%)
Non-married	17 (25.0%)	13 (19.4%)
Military Status		
Military member	34 (50.0%)	39 (58.2%)
Civilian member	34 (50.0%)	28 (41.8%)
Professional Affiliation		
Social Work	19 (27.9%)	15 (22.4%)
Health Care	9 (13.2%)	11 (16.4%)
Legal	7 (10.3%)	11 (16.4%)
Law Enforcement	7 (10.3%)	5 (7.5%)
Clergy	6 (8.8%)	10 (14.9%)
Family Specialist	16 (23.5%)	14 (20.9%)
Military Command	4 (5.9%)	1 (1.5%)

* System missing age from three respondents in each group

Hypothesis (One, Three, and Four) Testing Results

A hierarchical regression analysis was conducted to test hypotheses one, three, and four. The initial set of analyses used the original form of the dependent variable related to the proportion of complete agreement between the social work assessment and the FMCMT member vote. The control variable age along with dummy-coded variables for gender, ethnicity, marital status, and military status were entered into block one of the hierarchical regression analysis. Independent variables regarding whether the social work assessment was provided or withheld from team members prior to voting, whether the FMCMT member belongs to an offender-control or victim-services oriented profession, and the members' confidence in their ability to determine if a spousal abuse incident should be substantiated or unsubstantiated were entered into blocks two through four.

Hierarchical Regression Results

Table 2 outlines the hierarchical regression model and ANOVA results. The resulting model revealed the presence of a statistically significant relationship between the dependent variable (whether or not the team member voted in complete agreement with the social work assessment) and one independent variable (providing or withholding the social work assessment prior to team members voting). The R-squared value for model one (control variables) was .057, with an adjusted R-squared value of .021. The R-squared values increased to .200 (model two), .202 (model three), and .213 (model four) with the

addition of each subsequent independent variable. The R-squared value for the original model (.213) showed a moderate overall relationship between the dependent variable and the set of independent variables (the independent variables explain 21.3 percent of the variance in the dependent variable). This model meets the moderate strength category. The F statistic in the Analysis of Variance (ANOVA) table was significant, with a $p < .0001$ for models two through four. The R-square change is largest (.143) when the provide/withhold independent variable is added to model two. The changes are smaller (.001 with member type and .011 with confidence in ability) in models three and four when the other independent variables are added. The Durbin-Watson statistic that tests for the presence of serial correlation among the residuals was somewhat low at 1.340, but no evidence was noted to suggest a residuals serial correlation pattern. The Durbin-Watson statistic ranges from zero to four with a value close to zero suggesting possible positive correlation of the residuals from one observation to the next.

Table 2: Hierarchical Regression Model Summary - Whether or Not FMCMT Member Completely Agrees with the Social Work Assessment as the Dependent Variable

Statistic	Model 1[a]	Model 2[b]	Model 3[c]	Model 4[d]
R Value	.240	.448	.449	.462
R Square	.057	.200	.202	.213
Adjusted R Square	.021	.163	.158	.163
R Square Change	.057	.143	.002	.011
Durbin-Watson				1.340
ANOVA				
Degrees of Freedom	5, 129	6, 128	7, 127	8, 126
F Statistic	1.573	5.346	4.589	4.271
Significance	.172	.000	.000	.000

(a) Control variables entered into hierarchical regression analysis.
(b) Provide/withhold independent variable added to regression analysis.
(c) Offender-control/victim-services independent variable added to regression analysis.
(d) Confidence in ability independent variable added to regression analysis.

Table 3 shows which variables are included in each of the four models, as well as identifying those that are significantly related to the dependent variable. In model one, none of the control variables had a statistically significant relationship to the dependent variable. Whether the respondent was married (p = .070) and the military status of the respondent (p = .085) were the control variables coming closest to significance. Notation of variables approaching

statistical significance was provided strictly for clinical interest purposes, not to suggest non-significant findings should be subject to interpretation. After adding one independent variable in model two, provide/withhold ($p = .000$) showed a statistically significant relationship to the dependent variable. After adding a second independent variable related to whether the respondent was in an offender-control or victim-services professional category, still only provide/withhold ($p = .000$) maintained a significant relationship to the dependent variable. Model four included the final independent variable on the confidence level of the respondent in making decisions related to the spousal abuse cases. When all control and independent variables had been added to the analysis, provide/withhold ($p = .000$) remained the only independent variable with a statistically significant relationship to the dependent variable, based on the t-test that the regression coefficient is greater than zero. Marital status ($p = .086$) was the only control variable that approached significance in the original model.

Table 3: Hierarchical Regression Coefficients - Whether or Not FMCMT Member Completely Agrees with the Social Work Assessment as the Dependent Variable

Variable	B Coefficient	Beta	T-Score	Significance
Model 1				
Gender	2.118E-02	.064	.626	.533
Age	-2.53E-03	-.140	-1.289	.200
Race	-3.76E-02	-.087	-1.010	.314
Marital Status	6.326E-02	.159	1.830	.070
Military Status	6.849E-02	.206	1.736	.520
Model 2				
Gender	3.594E-02	.108	1.142	.255
Age	-2.41E-03	-.133	-1.328	.187
Race	-2.92E-02	-.067	-.848	.398
Marital Status	5.631E-02	.141	1.760	.081
Military Status	6.262E-02	.188	1.716	.089
Provide/Withhold	.127	.383	4.784	.000
Model 3				
Gender	3.827E-02	.115	1.199	.233
Age	-2.58E-03	-.142	-1.390	.167
Race	-2.87E-02	-.066	-.830	.408
Marital Status	5.392E-02	.135	1.661	.099
Military Status	5.791E-02	.174	1.529	.129
Provide/Withhold	.128	.386	4.793	.000
Type of member	-1.171E-02	-.045	-.485	.629
Model 4				
Gender	3.006E-02	.091	.928	.355
Age	-2.53E-03	-.140	-1.367	.174
Race	-2.74E-02	-.063	-.795	.428
Marital Status	5.609E-02	.141	1.731	.086
Military Status	4.691E-02	.141	1.215	.227
Provide/Withhold	.125	.376	4.658	.000
Type of member	-1.76E-02	-.047	-.500	.618
Confidence level	2.519E-02	.112	1.354	.178

A review of the normality plot of the residuals supported the normality of the dependent variable despite prior concerns from the K.S. Lillefors test. The residual scatterplot appeared to be a null plot with a random dispersion of data points and supported the assumption of linearity and homoscadescity in the dependent variable. It did display slight skewing noted in the test of normality due to the spread of the residuals above zero being less than the spread below zero. No transformations corrected this normality problem. The partial regression plots of the independent variables showed no visual evidence to suggest a violation of the assumption of linearity. No outliers were noted on the dependent variable, as all standardized residuals were positive or negative scores below the 3.0 level.

To identify independent variable outliers and influential cases that may distort the solution to this problem, Mahalanobis and Cook's Distance scores were computed as part of the regression analysis. The Mahalanobis Distance identifies outliers for the independent variables. It was computed using the mah_1 variable requested through SPSS and the equation (1 – CDF.CHISQ (mah_1,8). This created the p_mahal variable that was then analyzed for independent variable outliers less than .05. Three cases with values less than .05 and one case at .05 were identified through this process. Inspection of the questionnaires from these cases noted no apparent demographic or team pattern to suggest confusion in the respondents understanding of the survey forms. They appeared to be respondents who just disagreed more often with the social work assessment than did other

members. It was felt these respondents should not be filtered from the analysis as their views added to the overall testing of the hypotheses.

Cook's Distance was also computed to identify any influential cases that may be impacting the regression equation. The critical value for Cook's Distance for one hundred thirty-five cases with eight independent variables is 4/135-8-1 = 4/126 = .0317. Four cases were noted with a Cook's distance of this size or larger. These cases were filtered out and the hierarchical regression procedure was re-run to ascertain the impact these cases had on the initial analysis.

The resulting model continued to show the presence of a statistically significant relationship between one independent variable (provide/withhold) and the dependent variable. The R-squared value for model one (control variables) was .048 with an adjusted R-squared value of .010. The R-squared values increased to .229 (model two), .230 (model three), and .254 (model four) with the addition of each subsequent independent variable. The F statistic in the ANOVA table remained significant, with a $p < .0001$ for models two through four. The R-square change is largest (.180) when the provide/withhold independent variable is added to model two. The changes are smaller (.001 with type of member and .023 with confidence level) in models three and four when the other independent variables are added. This represents a decrease of .001 when the third independent variable is included (type of

member) and an increase of .012 when the final independent variable (confidence level) was added in the R-squared change from the original model. The R-squared value for the filtered model (.254) continued to show a moderate overall relationship between the dependent variable and the set of independent variables (the independent variables explain 25.4 percent of the variance in the dependent variable). Thus, even when filtering for influential cases this model still only meets the moderate strength category. The overall R-squared change is an increase of .041 over the original model. No significant changes were noted in the normality, residual scatterplot, or partial regression plots when comparing the two models. The standardized residuals remained between the positive and negative 3.0 level and the Durbin-Watson statistic decreased slightly to 1.162. Also of note is that in both models (with and without influential cases), there are some variables with correlations above .40 in the correlations table. Inspection of the tolerance and VIF scores, however, shows no evidence of multicollinearity, although the collinearity diagnostics table shows one variable in the final model with a condition index over 15, which is suggestive of possible collinearity in the data.

In step one of the filtered model, none of the control variables had a statistically significant relationship to the dependent variable. The respondents' marital status ($p = .056$) was the control variable coming closest to significance. After adding one independent variable in step two, provide/withhold ($p = .000$)

showed a statistically significant relationship with the dependent variable. When the second independent variable (type of member) was included in step three, still only providing/withhold ($p = .000$) maintained significance with the dependent variable. Once the independent predictor variable (confidence level) was added in step four, provide/withhold ($p = .000$) was the only independent variable with a statistically significant relationship to the dependent variable, based on the t-test that the regression coefficient is greater than zero. Marital status ($p = .057$) and confidence level ($p = .053$) were other independent variables that nearly approached significance in the filtered model.

By filtering the four influential cases, a .041 increase in the R-Squared value was achieved. Also, two independent variables other than provide/withhold come very close to statistical significance when influential cases are filtered from the analysis. However, the increase in R-Squared value is less than five percent and no change was noted in the overall strength of the model or in the number of independent variables reaching statistical significance. For these reasons, a decision was made to use the original model for data analysis interpretation rather than the influential cases filtered model.

In the first stage of the hierarchical regression, no control variables had a statistically significant relationship to the dependent variable. When the independent variables were added in stages two through four, one independent variable (provide/withhold at $p = .000$ with a B Coefficient of .125) had a

significant relationship to the dependent variable, based on the t-test that the regression coefficient is greater than zero. When the social work assessment is provided to an FMCMT, the result will be a .125 unit change increase in the probability of a member of such a team to vote in complete agreement with the social work assessment when compared to team members where the assessment is withheld. Stated more simply, members who are informed of the social work assessment are 12.5 percent more likely to vote in complete agreement with the social work assessment than those who are unaware of the social work assessment prior to voting. One control variable (marital status) did approach significance at $p = .086$ with B-Coefficient of 5.609E-02 in the original model, with a positive (direct) relationship to the dependent variable. Due to the coding system, if this variable had reached significance a general interpretation of the relationship would be that when FMCMT members are married they are more likely to completely agree with the social work assessment than their unmarried counterparts. For the original model, provide/withhold (Beta at .376) was the best predictor of the dependent variable. None of the remaining independent variables had a statistically significant relationship to the dependent variable.

Table 4 summarizes the results of the validation procedure conducted on the original model. Validation of this model was accomplished through interpretation of the adjusted R-Square statistic and performing a split-sample validation procedure. The adjusted R-Square for the original model was

.163, a shrinkage of .05 from the R-Square value of .213. This represented a decline of twenty-three percent (.05/.213) and suggests the possibility of the solution being over fitted to the data set due to the inclusion of too many independent variables in the analysis. The lack of a substantial increase in the R-Square value upon adding the final two independent variables (particularly the type of member variable) is further evidence of this issue. A split-sample validation analysis was run on the original model to compare the regression equations for both a screening sample and a validation sample to determine the generalizability of the findings. The results show an R-value difference of .078 (Split = 0) and .261 (Split = 1) with Split = 0 showing an additional independent variable (gender) being a statistically significant predictor of the dependent variable. Also, the ANOVA table on Split = 0 finds no statistically significant relationship ($p = .078$) between the dependent variable and the set of independent variables.

Table 4: Hierarchical Regression Validation - Whether or Not FMCMT Member Completely Agrees with the Social Work Assessment as the Dependent Variable

Statistic	Full Model	Split = 0	Split = 1
R for Learning Sample	.462	.458	.527
R for Validation Sample		.380	.266
Significant Coefficients ($p < 0.05$)	Provide/Withhold (.000)	Provide/Withhold (.011) Gender (.042)	Provide/Withhold (.001)
R-Square	.213	.210	.277
Adjusted R-Square	.163	.099	.181

A hierarchical regression analysis was also conducted to test hypotheses one, three, and four on the original form of the dependent variable related to the proportion of complete and partial agreement between the social work assessment and the FMCMT member vote. The same procedure was used to test this dependent variable as the complete agreement dependent variable. The control variable age along with dummy-coded variables for gender, ethnicity, marital status, and military status were entered into block one of the hierarchical regression analysis. Independent variables regarding whether the social work

assessment was provided or withheld from team members prior to voting (provide/withhold), whether the FMCMT member belongs to an offender-control or victim-services oriented profession (type of member), and the members confidence in their ability to determine if a spousal abuse incident should be substantiated or unsubstantiated (confidence level) were entered into blocks two through four.

COMPLETE & PARTIAL HIERARCHICAL REGRESSION RESULTS

Table 5 outlines the regression model and ANOVA results. The resulting model revealed the presence of a statistically significant relationship between the dependent variable and one independent variable (provide/withhold). The R-squared value for model one (control variables) was .038 with an adjusted R-squared value of .001. The R-squared values increased to .268 (model two), .268 (model three), and .276 (model four) with the addition of each subsequent independent variable. The R-squared value for the full model (.276) showed a moderate overall relationship between the dependent variable and the set of independent variables (the independent variables explain 27.6 percent of the variance in the dependent variable). This model meets the moderate strength category. The F statistic in the Analysis of Variance (ANOVA) table was significant with a $p < .0001$ for models two through four. The R-square change is largest (.230) when the provide/withhold variable is added to model two. The changes are smaller (.000 with type of member and .008 with confidence level) in models three and four when the other independent variables are added. The

Durbin-Watson statistic that tests for the presence of serial correlation among the residuals was somewhat low at 1.284 but no evidence was noted to suggest a residuals serial correlation pattern. The Durbin-Watson statistic ranges from zero to four with a value close to zero suggesting possible positive correlation of the residuals from one observation to the next.

Table 5: Hierarchical Model Summary - Whether or Not FMCMT Member Completely or Partially Agrees with the Social Work Assessment as the Dependent Variable

Statistic	Model 1[a]	Model 2[b]	Model 3[c]	Model 4[d]
R Value	.196	.518	.518	.526
R Square	.038	.268	.268	.276
Adjusted R Square	.001	.234	.228	.230
R Square Change	.038	.230	.000	.008
Durbin-Watson				1.284
ANOVA				
Degrees of Freedom	5, 129	6, 128	7, 127	8, 126
F Statistic	1.031	7.810	6.646	6.011
Significance	.402	.000	.000	.000

(a) Control variables entered into hierarchical regression analysis.
(b) Provide/withhold independent variable added to regression analysis.
(c) Offender-control/victim-services independent variable added to regression analysis.
(d) Confidence in ability independent variable added to regression analysis.

Table 6 shows which variables are included in each of the four models, as well as identifying those that are significantly related to the dependent variable. In model one, none of control variables had a statistically significant relationship to the dependent variable. Whether the respondent was married ($p = .126$) and the respondent's military status ($p = .205$) were the control variables coming closest to significance. After adding one independent variable in model two, provide/withhold ($p = .000$) showed a statistically significant relationship to the dependent variable. After adding a second independent variable related to whether the respondent was in offender-control or victim-services professional category (type of member), still only provide/withhold ($p = .000$) maintained significance with the dependent variable. Model four included the final independent variable on the confidence level of the respondent in making decisions related to the spousal abuse cases (confidence level). Provide/withhold ($p = .000$) remained the only independent variable with a statistically significant relationship to the dependent variable, based on the t-test that the regression coefficient is greater than zero. Marital status ($p = .129$) was the control variable closest to approaching significance in the original model.

Table 6: Hierarchical Regression Coefficients - Whether or Not FMCMT Member Completely or Partially Agrees with the Social Work Assessment as the Dependent Variable

Variable	B Coefficient	Beta	T-Score	Significance
<u>Model 1</u>				
Gender	5.388E-03	.019	.185	.853
Age	-1.61E-03	-.104	-.953	.342
Race	-2.59E-02	-.070	-.812	.418
Marital Status	4.573E-02	.135	1.541	.126
Military Status	4.047E-02	.143	1.195	.234
<u>Model 2</u>				
Gender	2.129E-02	.075	.832	.407
Age	-1.48E-03	-.096	-1.000	.319
Race	-1.69E-02	-.046	-.603	.547
Marital Status	3.824E-02	.113	1.469	.144
Military Status	3.414E-02	.121	1.150	.252
Prowith	.137	.485	6.336	.000
<u>Model 3</u>				
Gender	2.072E-02	.073	.798	.427
Age	-1.44E-03	-.093	-.953	.342
Race	-1.70E-02	-.046	-.605	.546
Marital Status	3.882E-02	.114	1.469	.144
Military Status	3.529E-02	.125	1.145	.255
Prowith	.137	.484	6.280	.000
Typemem	4.158E-03	.013	.144	.885
<u>Model 4</u>				
Gender	1.485E-02	.053	.562	.575
Age	-1.40E-03	-.091	-.931	.354
Race	-1.61E-02	-.044	-.573	.568
Marital Status	4.038E-02	.119	1.528	.129
Military Status	2.741E-02	.097	.871	.386
Prowith	.134	.476	6.149	.000
Typemem	3.802E-03	.012	.132	.895
Conalleg	1.803E-02	.094	1.189	.237

A review of the normality plot of the residuals showed only slight deviation from the fit line and generally supported the normality of the dependent variable despite prior concerns from the K.S. Lillefors test. The residual scatterplot supported the assumption of linearity although the funnel shape of the data point pattern suggested possible heteroscadescity in the dependent variable. It also displayed slight skewing noted in the test of normality due to the spread of the residuals above zero being less than the spread below zero. No transformations corrected this normality problem. The partial regression plots of the independent variables showed no visual evidence to suggest a violation of the assumption of linearity. No outliers were noted on the dependent variable, as all standardized residuals were positive or negative scores between the 3.0 level.

To identify independent variable outliers and influential cases that may distort the solution to this problem, Mahalanobis and Cook's Distance scores were computed as part of the regression analysis. Three cases with Mahalanobis distance values less than .05 and one case at .05 were identified through this process. These were the same cases identified in the earlier complete agreement regression analysis and again they were not filtered from any subsequent analyses.

Cook's Distance was also computed to identify any influential cases that may be impacting the analysis. Since the same number of cases and independent variables were used, the critical value of .0317 was also used to screen out influential cases in the complete and partial agreement analysis. Six cases were noted with a Cook's distance of this size or larger. These cases were

filtered out and the hierarchical regression procedure was rerun to ascertain the impact these cases had on the initial analysis.

The resulting model continued to show the presence of a statistically significant relationship between one predictor variable (provide/withhold) and the dependent variable. The R-squared value for model one (control variables) was .048 with an adjusted R-squared value of .009. The R-squared values increased to .318 (model two), .319 (model three), and .338 (model four) with the addition of each subsequent independent variable. The F statistic in the ANOVA table remained significant with a $p < .0001$ for models two through four. The R-square change is largest (.270) when the provide/withhold independent variable was added to model two. The changes are smaller (.001 with type of member and .019 with confidence level) in models three and four when the other independent variables are added. This represents an increase of .001 when the third independent variable is included (type of member) and .011 when the final independent variable (confidence level) is added in the R-squared change from the original model. The R-squared value for the filtered model (.338) continued to show a moderate overall relationship between the dependent variable and the set of independent variables (the independent variables explain 33.8 percent of the variance in the dependent variable). Thus, when filtering for influential cases this model meets the moderate strength category and begins to approach the lower level (.36 to .64) of the strong overall relationship category. The overall R-squared change is an increase of .062 over the original model.

No significant changes were noted in the normality or partial regression plots when comparing the two models. The residual scatterplot improved somewhat although a slight funneling pattern remained evident. Two cases with standardized residuals remained over 3.0 were identified to represent outliers in the dependent variable. Inspection of the survey forms of these respondents uncovered no rationale to consider filtering of these cases. The Durbin-Watson statistic decreased from 1.284 to .957. This large a decrease when influential cases are filtered begins to suggest possible positive correlation of the residuals from one observation to the next. Also of note is that in both models (with and without influential cases), there are some variables with correlations above .40 in the correlations table. For the original sample, the correlations between the variables military status and type of member (.477) and military status and gender (-.407) are both above .40. When influential cases are filtered, the correlation between military status and type of member is the only one to remain above .40 (-.490). Inspection of the tolerance and VIF scores, however, showed no evidence of multicollinearity although the collinearity diagnostics table showed one dimension in the final model with a condition index over 15, which is suggestive of possible collinearity in the data.

In step one of the filtered model, none of the control variables had a statistically significant relationship to the dependent variable. The respondent's military status ($p = .103$) and age ($p = .131$) are the control variables coming closest to significance. After adding one independent variable in step two, provide/withhold ($p = .000$) showed a statistically significant relationship with the

dependent variable. When the second independent variable (type of member) is included in step three, still only provide/withhold ($p = .000$) maintains significance with the dependent variable. Once the final independent variable (confidence level) is added in step four, provide/withhold ($p = .000$) is the only independent variable with a statistically significant relationship to the dependent variable, based on the t-test that the regression coefficient is greater than zero. Confidence level ($p = .065$) is the only other predictor variable to approach significance in the filtered model. Age ($p = .111$) and marital status ($p = .195$) are the closest control variables to approach statistical significance after filtering influential cases.

By filtering the six influential cases, an increase in the R-Squared value of .062 was achieved. Also, one other predictor independent variable other than provide/withhold comes close to statistical significance when influential cases are filtered from the analysis. However, the increase in R-Squared value is less than ten percent and no change was noted in the overall strength of the model or in the number of independent variables reaching statistical significance. For these reasons, the same decision was made for the complete and partial agreement analysis as with the complete agreement analysis to use the original model for data analysis interpretation rather than the influential cases filtered model.

In the first stage of the hierarchical regression, no control variables had a statistically significant relationship to the dependent variable. When the independent variables were added in stages two through four, one independent variable (provide/withhold at $p = .000$ with a B Coefficient of .134) had a

significant relationship to the dependent variable, based on the t-test that the regression coefficient is greater than zero. When the social work assessment is provided to an FMCMT, the result will be a .134 unit change increase in the probability of a member of such a team to vote in complete or partial agreement with the social work assessment when compared to team members where the assessment is withheld. Stated more simply, those members provided the social work assessment are 13.4 percent more likely to vote in complete or partial agreement with the social work assessment than those who are unaware of the social work assessment prior to voting. No other independent variables approach significance in the full model. For the original model, provide/withhold (Beta at .476) was the best predictor of the dependent variable. None of the remaining independent variables had a statistically significant relationship to the dependent variable.

Table 7 summarizes the results of the validation procedure conducted on the original model. Validation of the model was accomplished through interpretation of the adjusted R-Square statistic and performing a split-sample validation procedure. The adjusted R-Square for the original model was .230, a shrinkage of .046 from the R-Square value of .276. This represented a decline of 16.7 percent (.046/.276) and suggests the possibility of the solution being over fitted to the data set due to the inclusion of too many independent variables in the analysis. The lack of a substantial increase in the R-Square value upon adding the final two independent variables (particularly the type of member variable) is further evidence of this issue. A split-sample validation analysis was

run on the original model to compare the regression equations for both a screening sample and a validation sample to determine the generalizability of the findings. The results show an R-value difference of .028 (Split = 0) and .047 (Split = 1) with both split samples being similar in R-Square values. The adjusted R-Square values are lower for both split samples and each shows the same predictor variable (provide/withhold) as the only statistically significant predictor of the dependent variable.

Table 7: Hierarchical Regression Validation - Whether or Not FMCMT Member Completely or Partially Agrees with the Social Work Assessment as the Dependent Variable

Statistic	Full Model	Split = 0	Split = 1
R for Learning Sample	.526	.527	.539
R for Validation Sample		.499	.492
Significant Coefficients (sig < 0.05)	Prowith (.000)	Prowith (.000)	Prowith (.000)
R-Square	.276	.278	.291
Adjusted R-Square	.230	.169	.202

HYPOTHESIS (TWO) TESTING RESULTS

A standard multiple regression analysis was conducted to test hypothesis two. A major focus of this dissertation is on disciplinary ideology as it relates to spousal abuse intervention and the potential differences in decision-making that may result during participation in an interdisciplinary case review committee process. Hypothesis three split the disciplines into two major categories (offender-control and victim-services) to determine if differences existed between these two constructs in their propensity to follow social work recommendations related to case status determinations on alleged spousal abuse incidents. Hypothesis two examines each of the individual disciplines to see if any specific professional orientation is a predictor of complete agreement with the social work assessment. The initial set of analyses used the original form of the dependent variable related to the proportion of complete agreement between the social work assessment and the FMCMT member vote. A standard regression method geared toward looking at the overall relationship between the variables was used to test this hypothesis due to the prediction of a difference between the professional disciplines in their tendency to agree with the social work assessment. Since social work is the profession assessing the new spousal abuse cases, it was chosen as the logical reference group in the dummy-coding system. The remaining six independent variables representing the professional disciplines of health care, legal, law enforcement, clergy, family specialists, and military command were dummy-coded into dichotomous variables to allow entry into the regression analysis.

COMPLETE AGREEMENT STANDARD REGRESSION RESULTS

As displayed in Table 8, no statistically significant relationship was found between the dependent variable and the set of independent variables (with an extremely weak R-square for the full model of .038). The F statistic in the ANOVA table is not significant, with a $p < .541$ for the original model. The normality plot of the residuals showed a slight deviation from the fit line but generally supported the normality of the dependent variable (despite the fact that the dependent variable did not pass the KS-Lillefors test). The residual scatterplot did not show any clear patterns of nonlinearity or heteroscadescity. It did show the skewing noted in the tests of normality due to the spread of the residuals above '0' being slightly less than the spread below '0'. Also, the scatterplot reflected the banding associated with the dichotomous independent variables. No transformations corrected this normality problem. No cases with positive or negative residual scores over three were identified to represent outliers in the dependent variable. The partial regression plots (showing the relationship of each independent variable to the dependent variable) showed no evidence of a nonlinear pattern. They each reflected the banding noted in dichotomous independent variables. The Durbin-Watson statistic of 1.002 (1.5 to 2.5 generally considered acceptable) was somewhat low. It did not appear low enough to provide evidence to suggest a residuals serial correlation pattern.

Despite the full model not reaching statistical significance, one independent variable was found to have a statistically significant relationship with the dependent variable, based on the significance of less than 0.05 for the t-test that the regression coefficient is greater than zero. As shown in Table 9, whether the respondent belongs to the legal profession ($p = .048$) was the independent variable reaching statistical significance in the original analysis.

Mahalanobis and Cook's distance scores were collected as part of the regression analysis. Five independent variable outliers were identified with Mahalanobis scores less than 0.05. None of these cases were filtered to assist in further data analysis. The critical value for Cook's distance for 135 cases with seven independent variables was $4/135\text{-}7\text{-}1 = 4/127 = .0315$. Three cases had a Cook's distance of this size or larger and a second standard regression analysis was run excluding these influential cases to determine their impact on the solution.

Table 8 shows that the F statistic in the ANOVA table remained non-significant with a $p < .766$ for the filtered model (with an R-square value of .026). Table 9 shows that in the filtered model no independent variables had a statistically significant relationship with the dependent variable, based on an alpha < 0.05 for the t-test that the regression coefficient is greater than zero. The variable, whether the respondent belongs to the legal profession, did not reach statistical significance in the filtered model ($p = .104$).

No significant changes in the normality plot, residual scatterplot, or partial regression plots were noted after filtering of the influential cases. No cases with residuals over three were identified to represent outliers in the dependent variable. Table 8 shows that in the filtered model, the Durbin-Watson statistic for the selected cases was 1.102, an increase of 0.10 from the original model. In both models (with and without influential cases), there were no variables with correlations over .40 in the correlations table. The Tolerance and VIF scores showed no evidence of multicollinearity, with the independent variables included in the analysis. The Collinearity Diagnostics table showed no dimensions with a condition index over 15, which suggested no problem with collinearity.

Table 8: Standard Regression Results - Whether or Not FMCMT Member Completely Agrees with the Social Work Assessment as the Dependent Variable

Statistic	Original Model (n = 135)	Filtered Model (n = 131)
R Value	.195	.161
R Square	.038	.026
Adjusted R Square	- .007	- .021
Durbin-Watson	1.002	1.102
ANOVA		
Degrees of Freedom	6, 128	6, 125
F Statistic	.840	.554
Significance	.541	.766

Table 9: Standard Regression Coefficients - Whether or Not FMCMT Member Completely Agrees with the Social Work Assessment as the Dependent Variable

Variables*	B Coefficient	Beta	T-Score	Significance
Original Model				
Health Care	-4.39E-02	-.094	-.933	.353
Legal	-9.72E-02	-.199	-1.996	.048
Law Enforcement	-2.94E-02	-.050	-.524	.601
Clergy	-6.63E-02	-.129	-1.309	.193
Family Specialist	-5.37E-02	-.135	-1.284	.201
Military Command	3.588E-03	.004	.045	.964
Filtered Model				
Health Care	-4.39E-02	-.100	-.973	.333
Legal	-7.79E-02	-.165	-1.638	.104
Law Enforcement	-2.94E-02	-.054	-.547	.586
Clergy	-3.71E-02	-.074	-.747	.457
Family Specialist	-5.37E-02	-.143	-1.339	.183
Military Command	-4.44E-02	-.048	-.524	.601

* Social Work profession used as reference group in standard regression analysis

The B-Coefficient compares each professional discipline to the social work profession (reference group) in their tendency to vote in complete agreement with the social work assessment. Table nine shows that in the original model of the standard regression, one independent variable had a statistically significant relationship to the dependent variable. Whether the respondent belongs

to the legal profession ($p = .048$) was the independent variable reaching statistical significance in the original model. When influential cases are filtered and the regression analysis is re-run, no independent variables were found to have a statistically significant relationship to the dependent variable. For the original model, the negative direction of the relationship for five of the six professional disciplines points to their voting less often in complete agreement with the social work assessment than do members of the social work profession. Only military command had a positive direction and would seem to vote more often in complete agreement with the social work recommendation than do respondents belonging to the social work profession. Regarding the importance of the predictors, whether the respondent belonged to the legal profession was the lone variable having a statistically significant relationship to the dependent variable and was also the best predictor (Beta = -.199) of the dependent variable. After filtering of influential cases, the legal profession variable was no longer a statistically significant predictor but remained the most important predictor (Beta = -.165).

To further examine the relationship between the dependent variable and the seven professional disciplines involved in the USAF FMCMT process, a One-way ANOVA was ran on the original sample of 135 respondents using the complete agreement dependent variable and the professional discipline categorical variable from which the seven independent dummy-variables originated. ANOVA is a statistical technique that makes one overall comparison

to determine whether there is a significant difference between the means of the groups being analyzed. A Post-Hoc test (Tukey HSD) was also completed to make all possible comparisons of pairs of sample means while maintaining the experiment-wise Type I error rate at the desired alpha level of .05. An experiment-wise error refers to the probability of making one or more Type I errors for a full set of possible comparisons. The ANOVA results, displayed in Table 10, are the same as those produced through the regression analysis. The Tukey HSD post-hoc procedure showed no significant differences between the means of each professional discipline in their tendency to vote in complete agreement with the social work assessment. The Homogeneous Subsets table clusters groups that are found to be similar. Each professional discipline was found to reside within a single subset, which suggests no significant differences exist between the professional disciplines, as they are homogeneous in their voting patterns. The ANOVA utilized a harmonic mean sample size of 13.615 due to the group sizes being unequal.

Table 10: ANOVA Post-Hoc Test Results - Whether or Not FMCMT Member Completely Agrees with the Social Work Assessment as the Dependent Variable

Respondent's Profession	Number in Sample	Group Mean Scores*
Social Work profession	34	.8044
Family Specialist profession	30	.7507
Health Care profession	20	.7605
Legal profession	18	.7072
Clergy profession	16	.7381
Law Enforcement profession	12	.7750
Military Command profession	5	.8080

*None of the comparisons were significant at alpha = .05.

COMPLETE & PARTIAL STANDARD REGRESSION RESULTS

The same standard regression analysis was completed using the dependent variable measuring the proportion of complete and partial agreement with the social work assessment and the seven dummy-coded professional discipline predictor independent variables. As shown in Table 11, no statistically significant relationship was found between the dependent variable and the set of independent variables (with an extremely weak R-square for the full model of .046). The F statistic in the ANOVA table was not significant, with a p = .407 for

the original model with the full sample of one hundred and thirty-five cases. Table 11 shows that no independent variables had a statistically significant relationship with the dependent variable, based on an alpha of 0.05 for the t-test that the regression coefficient is greater than zero. Whether the respondent belonged to the legal profession ($p = .077$) was the independent variable coming closest to significance in the original model.

The normality plot of the residuals showed some deviation from the fit line but generally supported the normality of the dependent variable (despite the dependent variable not passing the KS-Lillefors test). The residual scatterplot showed no clear patterns to suggest nonlinearity or heteroscadescity. It did exhibit the skewing noted in the tests of normality due to the spread of the residuals above '0' being slightly less than the spread below '0'. Also, the scatterplot reflects the banding associated with the dichotomous independent variables. No transformations corrected this normality problem.

One case was identified with residuals over three as an outlier in the dependent variable. The partial regression plots (showing the relationship of each single independent variable to the dependent variable) showed no evidence of a nonlinear pattern. They each reflected the banding noted in dichotomous independent variables. Table 11 shows that the Durbin-Watson statistic was .933 (1.5 to 2.5 generally considered acceptable), which is low. No evidence was found, however, to suggest a residuals serial correlation pattern.

Mahalanobis and Cook's distance scores were collected as part of the regression analysis. As was found in the complete agreement standard regression analysis, five independent variable outliers were identified with Mahalanobis scores less than 0.05. These were not filtered from further data analysis. The critical value for Cook's distance for 135 cases with seven independent variables remained the same at .0315. Seven cases were found to have a Cook's distance of this size or larger and a second standard regression analysis was run excluding these influential cases to determine their impact on the solution.

As shown in Table 11, for the filtered model the F statistic in the ANOVA table remained non-significant with a $p = .449$ (with an extremely low R-square value of .046). As found in the analysis with the original model, no independent variables had a statistically significant relationship with the dependent variable, based on an alpha of 0.05 for the t-test that the regression coefficient is greater than zero. Whether the respondent was a member of the legal ($p = .058$) or family specialist ($p = .098$) professions were the independent variables coming closest to significance in the filtered model.

No significant changes in the normality plot, residual scatterplot, or partial regression plots were noted after filtering of the influential cases. Two cases with residuals over three were identified to represent outliers in the dependent variable. Table eleven displays the Durbin-Watson statistic for the

selected cases, which was 1.043, an increase of 0.11 from the original model. In both models (with and without influential cases), there were no variables with correlations over .40 in the correlations table. The Tolerance and VIF scores showed no evidence of multicollinearity with the independent variables included in the analysis. The Collinearity Diagnostics table showed no dimensions with a condition index over 15, which suggested no problem with collinearity.

Table 11: Standard Regression Results - Whether or Not FMCMT Member Completely or Partially Agrees with the Social Work Assessment as the Dependent Variable

Statistic	Original Model (n = 135)	Filtered Model (n = 128)
R Value	.215	.214
R Square	.046	.046
Adjusted R Square	.001	- .001
Durbin-Watson	.933	1.043
ANOVA		
Degrees of Freedom	6, 128	6, 121
F Statistic	1.033	.969
Significance	.407	.449

Table 12: Standard Regression Coefficients - Whether or Not FMCMT Member Completely or Partially Agrees with the Social Work Assessment as the Dependent Variable

Variables*	B Coefficient	Beta	T-Score	Significance
Original Model				
Health Care	-4.77E-02	-.120	-1.197	.233
Legal	-7.36E-02	-.177	-1.785	.077
Law Enforcement	1.127E-03	.002	.024	.981
Clergy	-7.03E-02	-.161	-1.641	.103
Family Specialist	-3.84E-02	-.113	-.083	.281
Military Command	2.329E-02	.031	.344	.731
Filtered Model				
Health Care	-4.53E-02	-.131	-1.270	.207
Legal	-7.08E-02	-.195	-1.914	.058
Law Enforcement	-1.27E-02	-.030	-.303	.763
Clergy	-3.63E-02	-.092	-.919	.360
Family Specialist	-5.22E-02	-.179	-1.668	.098
Military Command	2.485E-02	.030	.332	.740

* Social Work profession used as reference group in standard regression analysis

The B-Coefficient, displayed in Table 12, compares each professional discipline to the social work profession (reference group) in their tendency to vote in complete agreement with the social work assessment. In the original model of the standard regression, no independent variables had a statistically significant relationship to the dependent variable. Being a member of the legal profession ($p = .077$) was the independent variable coming closest to

significance. When influential cases are filtered and the regression analysis is re-run, there continued to be no independent variables with a statistically significant relationship to the dependent variable. Whether the respondent was a member of the legal profession ($p = .058$) or family specialist profession ($p = .098$) were the closest independent variables to significance when influential cases are filtered. If the relationships had been statistically significant, the negative direction of the relationship for four (original model) or five (filtered model) of the six professional disciplines points to their voting less often in complete or partial agreement with the social work assessment than do members of the social work profession. Only military command and law enforcement (original model) and military command (filtered model) have a positive direction and would seem to vote more often in complete or partial agreement with the social work recommendation than do respondents belonging to the social work profession. Regarding the importance of the predictors, none of the independent variables had a statistically significant relationship to the dependent variable.

To further examine the relationship between the dependent variable and the seven professional disciplines involved in the USAF FMCMT process, a One-way ANOVA was ran on the original sample of 135 respondents using the complete and partial agreement dependent variable and the professional discipline categorical variable from which the seven independent dummy-variables originated. The ANOVA results were the same as those produced through the regression analysis. The Tukey HSD post-hoc results, displayed in Table 13, showed no significant differences between the means of each

professional discipline in their tendency to vote in complete or partial agreement with the social work assessment. The Homogeneous Subsets table clusters groups that are found to be similar. Each professional discipline was found to reside within a single subset, which suggests no significant differences exist between the professional disciplines, as they are homogeneous in their voting patterns. The ANOVA utilized a harmonic mean sample size of 13.615 due to the group sizes being unequal.

Table 13: ANOVA Post-Hoc Test Results - Whether or Not FMCMT Member Completely or Partially Agrees with the Social Work Assessment as the Dependent Variable

Respondent's Profession	Number in Sample	Group Mean Scores*
Social Work profession	34	.8558
Family Specialist profession	30	.8163
Health Care profession	20	.8070
Legal profession	18	.7811
Clergy profession	16	.7844
Law Enforcement profession	12	.8558
Military Command profession	5	.8780

* None of the comparisons were significant at alpha = .05.

Chapter 5: Discussion

The results of the regression analysis confirmed only one of the four study hypotheses. Providing the social work assessment to the team members as a part of the case presentation prior to voting was shown to be a moderately strong predictor of a team member's propensity to agree with that assessment. This variable explained between 14.3% (approaching moderate strength for complete agreement) and 23.0% (moderate strength for complete and partial agreement) of the variance, and without it's inclusion neither model would have reached statistical significance. As noted above, this finding was consistent both when looking at complete agreement and subsequently when looking at both complete and partial agreement with the social worker's case assessment. The question remains as to why this hypothesis was the only one of the four confirmed through data analysis to be a significant finding.

One possible explanation for this finding comes from status characteristics and normative influence theories (discussed in the group decision-making literature). These theories speak to the potential impact that membership status and the tendency for team members to align themselves with the group norm have on the decision-making process. Those holding these theoretical positions might argue that a combination of the social worker's high status within the group along with a general team member inclination to follow the group norm in their voting behavior is one way to understand the study findings. Using a status characteristics theoretical perspective to illustrate this position, the social

worker's expert role related to spousal abuse might result in higher status within the team. Other team members with lesser-perceived expertise subsequently took their thoughts/opinions regarding case status determination seriously. The normative influence theoretical position would then add that when each team member became aware of the social work assessment, they may have begun reviewing their thoughts about the case. As they noted other members agreeing with the social worker, they possibly began aligning their views more closely to the norm (which generally mirrored the perceived expert's viewpoint).

Although no specific data were available regarding the group discussion process on each incident, the above hypothesis would explain why team members knowing the social work assessment prior to voting were more likely to agree with that assessment than their counterparts who were unaware of this expert assessment. Also, since no significant differences existed that we are aware of between the two groups prior to data analysis, it points to the difference being due to the effect of the independent variable (provide/withhold social work assessment) and not other factors controlled for in the study (age, gender, race, marital status, and military status).

The expected differences related to disciplinary affiliation, membership type, and task-related expertise were not born out in the findings. Regarding professional disciplinary differences, in the standard regression analysis of the complete agreement dependent variable the legal profession did reach statistical significance at $p = .048$. However, the overall model was not significant, and the legal profession variable dropped from significance once

influential cases were filtered from the analysis. For these reasons, it would be difficult to assert with any confidence that legal professionals differed significantly from the other professional groups in the study in their propensity to agree with social work assessments.

The probability of a team member agreeing with the social work assessment also did not seem to differ related to whether they belonged to the offender-control or victim-services professional groups. This variable explained almost none of the variance in the regression analysis and was not a useful predictor of agreement with the social work assessment. This was an unanticipated finding, as the literature review pointed to vastly different orientations to the understanding of spousal abuse related to these professional orientations. For example, legal and law enforcement views of domestic violence were seen as quite different from medical and clergy viewpoints. Literature regarding views held by military command and family specialist professionals was scarce. Due to finding few empirical studies related to these populations, these professional groups might have been placed in the wrong categories. This may have contributed to the lack of a significant finding related to membership type. Although their mission and outlook seemed to best fit the offender-control group category, inclusion of the military command representatives in the offender-control group may have been incorrect. Possibly their outlook may be more focused on the treatment services required by family members than the administrative actions needing to be addressed. Conversely, most members of the family specialist professional group (such as the family support center director)

work directly for the Wing Commander. This may influence how they perceive family violence and cause them to adjust their focus toward a more offender-control orientation.

A trend did emerge in reviewing the questionnaires of a team process regarding agreement versus disagreement. When disagreement existed with the social work assessment, it was more likely than not a team consensus to disagree. This was reflected through respondents generally choosing to vote in a similar manner as their fellow team members either in agreement or disagreement with the social work assessment. This was evidenced by generally high scores (mean = 5.64 on a six-point Likert scale) when team members were asked to gauge their level of agreement with the final FMCMT decision after voting on each case. These data suggest that team members expressed agreement with team decisions regardless of their individual thoughts about a case. Further evidence of this trend is the lack of voting done by the FAO in their tiebreaker role. Little need was required for an FAO tie-breaking vote as teams tended to vote in a consensus manner. This may explain why only one of the eleven FAO's completing the questionnaires voted on enough cases to be included in the data analysis.

One possible explanation for this phenomenon is that the case discussion process may be fashioned to support consensus building between members. Incidents may be discussed until all disagreements between members have been addressed before final voting occurs. If this were the case, then initial differences may be changed through the discussion process and may not present

themselves during data collection. Persuasive arguments theory speaks to the impact group discussion can have on the final decisions made as influential members can sway others to their viewpoints during the discussion process. A combination of the social work profession being acknowledged domestic violence experts and the FAP treatment provider who completed the assessment having more information about the family than other team members would seem to favor their ability to generate more persuasive arguments than other team members with limited information.

Another factor not considered through this study is the possible impact the voting procedure may have on members' voting behavior. The method of voting on spousal abuse cases is not standardized across USAF FMCMT's. A study of the Army CRC process also noted inconsistency related to team voting procedures (Dorsey, 2000). Some teams were found to vote by a show of hands, others by blind written ballot, and some required team consensus along with a variety of other methods. Similar inconsistency is expected to exist within the USAF FMCMT process. If the voting procedure provides members with information about how others voted, this information could bias their voting behavior. Since no questions were asked in this study to ascertain each installation's actual voting procedure, it is impossible to determine if or how this variable may have impacted the results.

The task-related experience of FMCMT members was also expected to impact social work assessment agreement levels. As with membership type and professional disciplinary affiliation, no evidence emerged from this

study to support this contention. Team member confidence in their ability to determine if an incident should be substantiated or unsubstantiated was not a statistically significant predictor of either complete or partial agreement with the social work assessment. This was unexpected, as lower levels of task experience was thought to be the most important variable in predicting agreement and was subsequently the last independent variable entered into the hierarchical regression model. Averaging across all professional groups, members saw themselves as having more confidence in their ability to determine whether an incident should be substantiated or not (mean = 4.32 on a five-point Likert scale) than in their described training in the spousal abuse field (mean = 3.5 on a five-point Likert scale). Also, a considerable percentage (41.8%) had been assigned to the FMCMT for less than two years, and over one-third (36.1%) had attended less than twelve total meetings. These data raise a question regarding whether members' confidence levels are somewhat exaggerated based on their purported amounts of training and task-related experience.

One possible explanation for this difference is that members may not correlate training and experience with the ability to arrive at the decisions being asked of them. If members see the spousal abuse incidents being presented to them as straight–forward examples of either clearly abusive or non-abusive behaviors, then they may see little need for extensive training or experience to differentiate between these behaviors. It is conceivable that the majority of alleged spousal abuse incidents reviewed through the FMCMT might be at either spectrum of abusive behavior (severe or no abuse noted). However, this

possibility is contradicted by data obtained by Mollerstrom (1992), in which most spousal abuse cases reviewed by the FMCMT were in the moderate to low severity range, with not severe (1.0%) and high severity (0.9%) incidents representing only a small fraction of the cases. The moderate to low severity cases that form the bulk of FMCMT case reviews would seem to be those requiring the greatest knowledge of domestic violence to be able to discern if abusive behavior did indeed occur.

In summary, the findings of this study provide evidence to suggest that providing the social worker's case assessment to an interdisciplinary decision-making team such as the USAF FMCMT leads to significantly higher levels of agreement in voting patterns than when the assessment is withheld. The levels were higher for the complete and partial agreement dependent variable (13.4%) than when the more narrowly defined complete agreement dependent variable (12.5%) was considered. No other variables included in this study met statistical significance.

PRACTICE IMPLICATIONS

The USAF FMCMT process is still relatively new, with review of spousal abuse incidents only being included since 1981. The recommendation to convene an interdisciplinary panel of experts to review these cases was made as a result of a USAF task force comprised of primarily social work officers. They chose to adopt a civilian child protection model for use in the initial child advocacy program and later made the decision to address spousal abuse incidents in a similar manner. Modifications have been made over time to adjust the

program to a military environment, address problem areas, and to make programming changes. This represents the first empirical research conducted on the USAF FMCMT. As noted earlier, this study limited itself to looking only at the portion of the team process dealing with team member agreement/disagreement with the social work assessment related to new spousal abuse incidents. The implications for social worker policy and practice will thus reflect the scope of this inquiry.

The USAF looks to the profession of social work for guidance in addressing family related issues (including domestic violence). This study confirms that the professional disciplines comprising the FMCMT also use the expertise of the social worker to make decisions regarding their vote on specific spousal abuse cases. Social work occupies a unique position on the FMCMT as the dominant ideology on an interdisciplinary team whose members include high status professionals such as physicians and attorneys. As a result, it would seem important for USAF social work professionals to determine how best to handle this responsibility.

The first implication revolves around deciding what strategy should be adopted related to the social work assessment of new spousal abuse incidents. Since the study findings show that provision of this assessment does indeed lead to a greater probability of team members voting in accordance with it, should this assessment be shared with the team? One possible rationale for providing the assessment comes from member responses related to their training and confidence levels. Since social workers rated themselves as the most highly

trained and confident professional group, an argument could be made that other team members should be aware of the assessment of a member of the profession deemed most expert in such matters. Although this may sway members to the social worker's viewpoint, it would be seen as irresponsible to withhold this expert opinion. Also, most teams were found to have more than one social worker in attendance at a typical meeting and professional disagreement among these experts could be voiced if it existed.

On the other hand, an equally compelling argument can be made on the need to withhold the social work case assessment. After all, the study revealed the impact this assessment had on other team members voting patterns, and social work should avoid dominating the process by 'stacking the deck' in their favor. Since the majority of team members vote in accordance with the social work assessment even when it is withheld, the risk of not knowing the assessment and making an error by not following the recommendation is lessened.

Unfortunately, the findings of this study give no clear-cut answer regarding which option to choose. One reason the answer is difficult to determine is that the true ability levels of both social work and other professional disciplines to correctly determine if an incident meets the criteria for abuse is unknown. This study did not test whether members were making correct decisions on the cases reviewed, only the probability of their agreeing with the social work assessment of the case. If we assume that social work professionals are better at identifying instances of abuse than the other professional disciplines that comprise the FMCMT, then we would likely choose to provide the social work assessment in

hopes of increasing the likelihood of the team vote reflecting the correct case status determination. If we assume that no difference exists between the social worker's ability to correctly identify spousal abuse cases and those of the other FMCMT members, then we would likely prefer to withhold the social worker's opinion as it is seen as no more valid than other member's perceptions. Further research related to the ability of the professional disciplines that comprise the FMCMT to correctly identify such cases is needed to clarify this dilemma.

Although no definitive answer emerges from the study findings related to the dilemma of whether to share or withhold the social worker's assessment, a closer look at the strength of the relationships found give clues as to possible directions to take. In many ways the decision regarding whether to provide or withhold the social work assessment is similar to the 'glass half-full/glass half-empty' analogy. Those concerned that social work opinion has too much importance in the FMCMT decision-making process may view the statistically significant finding related to sharing the social work assessment as support for withholding it to assist in mitigating against this undue influence. This decision thus hinges on the perception that excessive influence potentially exists and the significance of the finding provides empirical evidence of this phenomenon.

However, since the USAF recognizes the social work profession as expert in family violence intervention, a counter argument could be made that social work should have some level of influence over the decisions made regarding spousal abuse incidents. Legitimate questions may be raised as to the

exclusion of case recommendations from a member of the professional group that leads the case management team and is deemed expert in this area. The modest effect size (only 14.3 to 23% of the variation related to agreement with the social work assessment was explained by the provide/withhold independent variable) found in this study suggests that while providing the assessment is statistically significant, it results in only moderate influence over team members voting behavior. At least seventy-seven percent of the variation in voting behavior can be attributed to other factors. Moreover, providing the social worker's assessment increases team members' propensity to vote in agreement with that assessment approximately thirteen percent only. This suggests that social work does not exercise undue influence over the FMCMT process.

The issues discussed above raise questions regarding whether this statistically significant finding also meets the criteria for substantive significance. Substantive significance of a research finding refers to "its importance from a practical standpoint" (Rubin and Babbie, 1997, p.518). Those who would argue for a withholding strategy due to the statistical significance of the finding may need to consider whether the modest effect size found warrants such an action. From a practice consideration, the finding seems to point more toward a strategy of providing the assessment to allow the team the benefit of the social worker's expertise. The modest effect size suggests the concern that sharing the social work assessment places inordinate influence on members may be unwarranted.

FMCMT members in this sample seem to agree with the USAF stance that the social work profession is more expert in the area of domestic

violence than the other disciplines involved. In those FMCMT meetings where the social work assessment is provided, the other disciplines appear to have used this expert opinion to guide their voting behaviors. Therefore, for those social work professionals who choose to withhold their assessment, training deficiencies of FMCMT members perhaps should be addressed. If each member of the FMCMT brings expertise related to spousal abuse with them, then the need for the expert opinion of the social worker in order to make decisions is mitigated. If consistency across installations regarding whether or not to share the social work assessment is seen as desirable, then USAF FAP headquarters personnel should lean toward adopting a policy of providing the social work recommendation as part of the case status determination process. As stated above, the findings of this study suggest that although the social work assessment appears to influence the voting behavior of team members, the moderate effect size noted does not support the concern that undue influence is being exerted on team members. An addendum to the FAP standards could provide specific guidance to the FAP on the handling of the social work assessment within the context of the FMCMT.

Ancillary Findings

Some interesting observations emerged through the data collection process not directly connected with the research questions. However, they speak to the process involved and may have relevance to policy and practice related to the USAF FMCMT. The FMCMT process was found to have inconsistencies across installations related to team composition, team member attendance, and strategies for sharing the social work assessment of alleged spousal abuse

incidents. The FMCMT members who comprised the study sample varied regarding their professional affiliation, job titles, and occupational responsibilities. Although FAP standards provide an outline for FMCMT membership, each installation has some latitude in how they choose to form their team. This was evidenced upon receipt of the questionnaires following the data collection process at each installation. The mixture of respondents and composition of the voting membership differed somewhat at each installation. In only nine of the twenty meetings surveyed were representatives from each professional category outlined in the FAP standards in attendance. No security forces representative was in attendance at nine meetings, chaplains missed five meetings, health care and staff judge advocate representatives were absent from three meetings each, and there was no family support center staff in attendance at two meetings. It should be noted that at some meetings, more than one member of a professional discipline was in attendance. Since both a primary and alternate member are assigned from each of these duty sections, it is unclear why no representative was available at these meetings. Also, team members were notified by the FAO of the importance of attendance as a research protocol was being conducted at this particular meeting.

One possible reason for several members missing the data collection meeting could be attributed to reluctance to participate in the research protocol. Despite the fact that participation was voluntary and anonymous, some members may have felt uncomfortable about disclosing personal and professional information and responded to their discomfort by avoiding the meeting. It is also

conceivable that members were in attendance but decided to not participate in the study and were somehow missed on the attendance roster. Another possibility may be that other duties more pressing than FMCMT attendance surfaced and prevented these members from attending the meeting on that occasion. Each FMCMT voting member works in a service area where crisis issues frequently arise. This may have required immediate attention and subsequently taken precedence over other activities.

A fourth possibility appears to provide the most likely explanation. Findings from a U.S. Army study of their case review committee (CRC) process highlighted inconsistent member attendance of meetings as an ongoing problem area. As discussed during Chapter One, interviews with U.S. Army social work services personnel noted concerns about CRC members' lack of commitment related to meeting attendance (Dorsey, 2000). However, where Dorsey's study found physicians missing meetings most frequently, this study found law enforcement personnel from the security forces the most inconsistent attendees. Therefore, absence from team meetings such as the FMCMT may be more reflective of an ongoing pattern across the military services than just a reaction to the research protocol or a professional need to attend to other duties.

The adequacy of training for FMCMT members and their confidence levels in making accurate case status determinations was also looked at during this study. Although no clear picture emerged to ascertain whether members were sufficiently prepared for FMCMT work, review of the data raised questions related to some respondents' overall readiness. Of the 135 respondents,

thirty-five percent reported that their level of training in the spousal abuse field ranged from moderate to no training. A substantial number (39.6%) rated themselves as between somewhat and not at all confident in their ability to decide whether an allegation should be substantiated or unsubstantiated. These numbers are somewhat larger than might be expected from a team brought together for its presumed knowledge. Scoring in the ranges listed above would optimally be seen as rare ('exceptions to the rule') rather than a typical member response. On a more positive note, the majority of members did score in the higher ranges when asked about their attendance numbers, extent of training, and task related confidence level. This suggests that a preponderance of team members regard themselves as satisfied with their preparation for FMCMT work.

The data collection bolstered concerns voiced in Chapter One regarding the inconsistency of the FMCMT process related to member attendance, team composition, and task-related expertise. In only six of the twenty teams (30%) was the full compliment of professional disciplines with FMCMT voting privileges in attendance. The importance of a consistent process throughout the USAF in making case status determinations should not be understated. Families having cases reviewed have a right to expect the process to be the same whether the determination is made at installation A or installation B. Variations in team composition and the method of sharing assessment materials raise doubts as to whether a similar process does indeed occur at each installation.

Due to the factors noted above, addressing the inconsistencies found within the FMCMT process might be worth considering. Group theory

points out consistency in member attendance and group processes is an integral component to successful group functioning. The FMCMT was found to be lacking consistency in both these areas. One possible remedy would entail social workers assigned to work within the Family Advocacy Program advocating for more stringent guidelines regarding professional attendance at FMCMT meetings. DoD and USAF regulations that clearly mandate which specific professional disciplines are expected to attend as voting members of the FMCMT would provide both guidance and accountability. Installation FAP's have traditionally had some lenience in adding voting members to their FMCMT's. This has resulted in team compositions that appear to vary greatly across installations. A voting membership outlined clearly in the USAF regulation with little room for adjustment would aid in alleviating this problem.

One action that could relieve concerns about training deficiencies would be to upgrade the training available to team members. A standardized FMCMT training module, incorporating a lecture/seminar format, could be developed for a more in-depth preparation for FMCMT participation than is provided by the current videotaped information. This would ensure each FMCMT voting member has the knowledge base needed to both recognize incidents of spousal abuse and assist in formulating case management plans for substantiated incidents. Findings from this study showed respondents with an extent of training ranging from very extensive to no training. Since the questionnaires did not ask for specificity regarding training experiences, it is unclear how recent this training was or its quality. Standardized training would allow social work staff

administering the FAP to have confidence that all voting members have at least a minimal amount of training specific to the task.

METHODOLOGICAL ISSUES

The implications of this study should be considered with caution, in light of this study's methodological limitations. One limitation was the exclusion of installations located outside the continental United States. It is possible that different dynamics may exist in how FMCMT decisions are made in these overseas locations. Also, only those installations with forty-nine or more reported spousal abuse incidents in FY 2001 were eligible for this study. Although this criterion was necessary to ensure that an adequate number of cases were available for review at each participating installation, it excluded smaller installations located in more rural areas. This resulted in a sample represented primarily by larger installations located in more urban areas. It is possible that differences exist between the larger/urban installations and the smaller/rural installations that could have affected the outcome of the study.

In an attempt to mitigate the influence of the above factors, this study encompassed each of the seven major commands in operation within the continental United States. All installations selected for participation returned survey materials, for a response rate of one hundred percent. Overall, one hundred thirty-five respondents reviewed one hundred forty-seven cases in the final sample. It also appeared that a majority of FMCMT voting members in attendance at the data collection meeting filled out and returned questionnaires. This was determined through matching of Appendix A attendance rosters to Appendix B

questionnaires. With twenty-two of a possible forty-six CONUS installations participating, almost half (47.8%) of the available CONUS FMCMT's were represented in this study.

Despite a very high response rate of completed instrument return being obtained, thirty-two subjects were deleted due to low case numbers. These were filtered from the data analysis due to a choice made to include only those subjects voting on four or more cases. This choice reflected a research decision that no one vote should represent over twenty-five percent of the total proportion score for each dependent variable. As several subjects were noted to have reviewed two to three cases, the possibility exists that inclusion of their data may have impacted the study results. The deletion of thirty-two subjects may also have reduced the representiveness of the sample. Since this sample consisted only of teams and professionals working with an armed forces population, caution should be exercised in generalizing the results to other populations.

The limitations inherent in a mailed survey also apply. We can never be fully certain that the instruments were actually completed by the respondent alone. Respondents may have been concerned about who would have access to the material once completed. The chance for random error exists by requiring on-site staff to use the data collection sheets. It is possible that some situations arose that did not clearly fit an available category and subsequently confused the respondent. The 'newness' of the data sheets being used is also of concern. This study represented the first attempt to utilize these forms to collect data for analytic purposes. Therefore, their validity and reliability is unknown.

Steps were taken in the research protocol to address these data collection concerns. The questionnaires were designed to be easily understood by study participants and not interrupt the flow of the FMCMT meetings. This was initially confirmed through a pre-test of the instruments with an FMCMT committee prior to their actual use for study data collection. Additionally, a research study assistance sheet was included in each mailed packet clearly explaining the data collection protocol. Finally, telephone calls made to each participating FAP following the data collection process noted general agreement that the forms were user friendly and did not interfere with the work being done.

Also, the ability to ensure anonymity of responses was important, as all participants worked within the umbrella of the USAF (as either an active duty member, civil service/contract employee, or civilian agency representative connected to the installation). A cover letter accompanied all materials to describe the study, it's purpose, and how the survey results would be used. The cover letter also discussed risks and benefits of completing the survey, assurances. of anonymity, and a statement affirming that the participants decision whether or not to participate would not affect their relationship with the University of Texas at Austin or the United States Air Force.

The failure of both dependent variables to meet the assumption of normality is not optimal and could manifest itself through an increased risk of either a Type I or Type II error. These occur when we reject the null hypothesis when in actuality it is true (Type I) or when we fail to reject a false null hypothesis (Type II). Although this study set a fairly low alpha level to identify a

statistically significant finding (.05), the failure to meet the normality assumption can place into question the validity of these findings. However, skewness has very little effect on power, while platykurtosis attenuates power.

Another concern is that the only independent variable to reach significance failed the Levene's test for homogeneity of variance when using the complete and partial agreement dependent variable. This assumption is conditionally robust to violations. That is, it is robust if group sizes are equal or approximately equal. Due to the comparable group sizes in this study, this was not a problem.

An extensive use of dummy variables to allow incorporation of nonmetric variables into the regression analysis was utilized. Since multiple regression is generally applied to metric variables, the inclusion of several nonmetric dummy variables may be seen as diluting the power of the test. Two correlations over .40 were noted during data analysis. Military status was found to be moderately correlated with both membership type (.477) and gender (-.407). This finding was reflected in some mild concerns regarding multicollinearity in the data and possible specification errors occurring from inclusion of independent variables not relevant to the study.

However, the examination of the data set prior to analysis uncovered only minor concerns. No evidence of a pattern of missing data was noted upon inspection of the questionnaires. A small number of missing responses were replaced through a mean substitution method to ensure all cases had complete information. When the assumptions for multiple regression analysis

were examined, the metric independent variables met the assumption of linearity with both dependent variables. All the nonmetric independent variables with the exception of two passed the Levene's test for homogeneity of variance with both dependent variables. Because the observations were independent in this study, no problems were noted in relation to this area. Although the metric variables failed the KS Lillefors test for normal distribution, review of the normality plots supported the normality of both dependent variables.

The choice of multiple regression analysis to test the study hypotheses allowed for identification of the impact of the set of independent variables on each dependent variable and predicted whether any had a significant impact. Multiple regression is one of the more powerful prediction tests available for social science researchers. Also, the F-test is quite robust with regard to violation of the normality assumption. The sample sizes for all analyses easily met the minimum requirements for multiple regression analysis.

Questions may also exist regarding policy and practice related to FMCMT functioning. The research protocol neglected to ask questions to determine the voting method of each FMCMT participating in the study. Open voting through a show of hands may have resulted in a different member-voting pattern than blind written balloting. Although the responses were anonymous on the study materials, they may reflect votes that had varying proportions of peer influence.

Also, two installations initially selected for study inclusion declined to participate due to reported heavy workloads during the time frame of

the study. It is unclear how their participation would have impacted the study findings. As a result, only installations with FAO's willing to involve themselves in the research protocol provided data. As the leader of the FMCMT, social work officers willing to engage in research endeavors may interact differently with their teams than their less willing counterparts. These differing dynamics could hypothetically affect team members' voting behaviors.

A possible concern also related to this area was the difficulty in accurately assessing how the act of withholding the social work assessment was actually implemented at each FMCMT. As the social worker assessing the case was responsible for briefing the FMCMT on the case specifics, there may have been a wide range of presentation styles with some narratives possibly providing an unspoken, but clear, recommendation.

To address the myriad of issues that could possibly surface in researching such a complex entity as the USAF FMCMT, the USAF social work services and Family Advocacy headquarters provided assistance and consultation throughout the study. The principal investigator being an active-duty USAF social worker allowed access to a system that might otherwise have been closed to outside research agencies. The researcher was invited to attend three meetings of the senior social work research advisors group, a USAF case review committee task force meeting, and a USAF family advocacy training conference in a participant-observer role to obtain insight to inform the study. Also, the director of research for the USAF Family Advocacy Program was included as a member of the dissertation committee to further assist in ensuring the study reflected the

most current FMCMT policies and practices. Despite some areas in the study design being unanticipated, it was felt that the inclusion of USAF social work professionals throughout the project led to a stronger overall methodology than might have been obtained without such assistance.

Concerns could be raised regarding the method used to obtain the proportional scores that made up each dependent variable. With no weighting system in place, the process for determining the composite score was the same whether the respondent voted on four or eleven cases. An argument could be made that one vote out of four carries significantly more weight toward the final score than one vote out of eleven.

Finally, difficulties in defining key constructs may lead to concerns about whether the study actually tested what it purported to. The development of an independent variable related to task-related expertise was particularly challenging. As described in Chapter Three, several options were considered regarding how best to test this construct. Readers may argue that the final decision to ask about confidence levels in making case status determinations is an inadequate measure of actual task-related experience.

CONCLUSIONS

This was the first empirical study within a military setting to compare professional disciplinary differences in team decision-making related to spousal abuse incidents. The findings suggest that despite the various ideological stances of the professional disciplines comprising the FMCMT, the social work profession represented the dominant influence on the group. Social work views

regarding new spousal abuse incidents were found to have a significant impact on team member voting behaviors regardless of professional discipline. The result of providing their assessment was a 12.5 percent to 13.4 percent increase in team members' propensity to vote in agreement with them. Although social workers are frequently called upon to coordinate team activities in medical settings, generally other disciplines (most frequently physicians) guide the intervention/treatment efforts. Shields et al. (1998) note that for interdisciplinary team approaches related to domestic violence in health care settings, the "physician is at the pinnacle of an appropriate intervention plan" (p. 44). These findings demonstrate that with this sample, the professionals comprising the FMCMT attached much importance to the viewpoint of the social worker assessing the case.

The concern that the FMCMT is solely a 'rubberstamp' committee for the social workers recommendation appears unwarranted. Although team members voted in accordance with the social work assessment a majority of the time, there appeared to be willingness among team members to disagree in a substantial number of cases. As noted earlier, a key finding of this study was the modest effect size noted despite the statistical significance of the provide/withhold independent variable. Between seventy-seven and eighty-six percent of the variation related to agreement with the social work assessment is explained by factors other than the provision of the social work assessment. In light of this modest effect size, it would seem logical that USAF FAP headquarters staff would view these findings as supportive of a policy to provide

the social work assessment to FMCMT members as part of their deliberations on new spousal abuse incidents.

The above information suggests that conceivably group dynamics and perceived status may have greater influence on the decision-making process in interdisciplinary team approaches than occupational socialization or professional ideology. For this sample of respondents, disciplinary ideology (related to domestic violence) developed through the process of socialization to a profession appeared to be of less importance in the decision-making process than the expert opinion of the social worker. The trend for team consensus in voting also hints to the possible importance of the group discussion that occurs prior to team voting. These findings suggest some tentative support to status characteristics theory, normative influence theory, and persuasive arguments theory discussed in the group decision-making literature.

The findings of this study suggest several areas for future research. As stated earlier, little is known regarding the accuracy of interdisciplinary team members in identifying spousal abuse incidents. Future studies empirically testing the assumption that social work professionals are more skilled in identification of domestic violence than other professional groups would assist in determining the value of social work assessments in this area. Also of interest would be comparison of the FMCMT with an intradisciplinary team (such as the FAP social work staff) to determine if differences exist related to correct identification of spousal abuse cases. Since this study only focused on spousal abuse, replication of the protocol with new child abuse cases reviewed by the FMCMT would allow

comparison between these differing client populations. Finally, the complexity inherent in a group process calls for a qualitative study of the FMCMT. Qualitative inquiry could add a dimension unable to be obtained through a strictly quantitative methodology.

Appendix A

Base: Month FMCMT held:

Appendix A: FMCMT Data Collection Sheet

Instructions: This form is designed to identify those FMCMT members in attendance during this meeting and the social work assessment and FMCMT team decision on each new case of spousal abuse reviewed. Please do not place any specific identifying information such as names or social security numbers on these survey documents. For the FMCMT attendance section, please place a check mark beside each individual member in attendance. Also, please place a check mark beside only those FMCMT members who are allowed to vote on your spousal abuse cases.

FMCMT Attendance (Typical voting members noted by italics)

Team Member	Check If In Attendance	Check If Voting Member
Family Advocacy Officer	( )	( )
Family Advocacy Treatment Manager	( )	( )
Staff Judge Advocate	( )	( )
Security Forces	( )	( )
Chaplain	( )	( )
Family Support Center	( )	( )
Medical	( )	( )
Office of Special Investigation	( )	( )
Active Duty member's squadron	( )	( )
Other (please specify) ______________	( )	( )
Other (please specify) ______________	( )	( )

Base: Month FMCMT held:

Case Substantiation/Unsubstantiation Data

This section is used to record information related to each case. First, please place a check mark in the bracket(s) that reflect the social work assessment of the case prior to FMCMT discussion. Then, please place a check mark in the bracket(s) that reflect the final FMCMT decision regarding the case. If more than one allegation of spousal abuse is being considered under one case number (i.e., mutual abuse cases), please record each social work assessment and FMCMT decision made in separate case data sections using the same case number.

1. Case Number: ______________________________

SW Assessment FMCMT Decision

( )	( )	Substantiate abuse (active duty (AD) offender)
( )	( )	Substantiate abuse (dependent (D) offender)
( )	( )	Unsubstantiate abuse – did not occur (AD offender)
( )	( )	Unsubstantiate abuse – did not occur (D offender)
( )	( )	Unsubstantiate abuse - unresolved (AD offender)
( )	( )	Unsubstantiate abuse - unresolved (D offender)
( )	( )	No decision made on case status (AD offender)
( )	( )	No decision made on case status (D offender)

Appendix B

Appendix B: Section 1: Background Questionnaire

General Instructions:

This questionnaire is designed to increase our understanding of the Family Maltreatment Case Management Team (FMCMT) process in the United States Air Force. Your participation is vital and greatly appreciated. This section of the questionnaire will ask you to provide some basic information regarding yourself and your professional role within the FMCMT. Please do **not** place any specific identifying information such as your name or social security number on these survey documents. Either a pen or pencil can be used to complete the survey; it is important not to skip any questions or statements. Please begin:

Demographic Information:

Please provide the following basic demographic information about yourself:

1. **Gender (check one)**

( ) Male

( ) Female

2. **Age:** ________

3. **Ethnic Group (check one):**

( ) Asian-Pacific Islander

( ) African-American

( ) Hispanic

( ) White, Non-Hispanic

( ) Native American

( ) Other (please specify) ______________

4. **Marital Status (check one):**

( ) Single

( ) Married

( ) Separated

( ) Divorced

( ) Widowed

5. **FMCMT assignment status (check one)**

( ) Primary member

( ) Secondary (alternate) member

6. **Professional affiliation (check only primary affiliation):**

( ) Physician

( ) Psychologist

( ) Social Worker

( ) Attorney

( ) Law Enforcement

( ) Clergy

( ) Physician Assistant

( ) Nurse

( ) Other (please specify) ____________________

7. **USAF Unit/Job you represent on the FMCMT (check one)**

( ) Family Advocacy Officer

( ) Family Advocacy Treatment Manager

( ) Staff Judge Advocate

( ) Security Forces

( ) Chaplain

( ) Family Support Center

( ) Medical Services

( ) Office of Special Investigation

( ) Other (please specify) ____________________________

8. **Military Rank/Civilian Grade (check one)**

( ) E-1 to E-4

( ) E-5 to E-9

( ) O-1 (2nd Lieutenant)

( ) O-2 (1st Lieutenant)

( ) O-3 (Captain)

( ) O-4 (Major)

( ) O-5 (Lieutenant Colonel)

( ) O-6 (Colonel)

( ) GS-1 to GS-5 (or contract equivalent)

( ) GS-6 to GS-12 (or contract equivalent)

( ) Other (please specify) ______________

9. **Number of years/months assigned as an FMCMT member:**

_________ Years ___________ Months

10. **Total number of FMCMT meetings attended:** _____________

Section 2: The next two questions ask you to provide personal opinions about your work with the Family Maltreatment Case Management Team (FMCMT). Please circle the number (based on the scales) that provides the **most accurate description** of your preparation for FMCMT work.

11. Which of the following **best describes** the extent of your training in the field of spousal abuse. **(circle one number)**

Very Extensive Training	A Lot of Training	Moderate Training	A Little Training	No Training
5	4	3	2	1

12. How **confident** do you feel based on your training and experience to determine whether or not an allegation of spousal abuse should be substantiated or unsubstantiated? **(circle one number)**

Very Confident		Somewhat Confident		Not at all Confident
5	4	3	2	1

Section 3: FMCMT Member Case Data Sheet

Instructions: This section will be used to record your vote regarding case substantiation/unsubstantiation and your reaction to the final team decision on each new spousal abuse case presented during this FMCMT meeting. All information provided will be strictly anonymous. Major Slack and his dissertation committee will be the only ones with access to these data once gathered. No copies of this sheet will be made nor any sheets examined by individuals at your installation. Thank you for your participation in this portion of the study. Upon completion, please place the completed form in the envelope provided for prompt return to the research team.

Individual Case Data

For each new case of suspected spousal abuse reviewed during this meeting, please complete the following three steps:

- ❑ identify each new spousal abuse case under FMCMT consideration by the individual Family Advocacy Program case number.
- ❑ check the item that applies regarding your vote to substantiate or unsubstantiate (or abstain from voting) each incident of suspected spousal abuse being considered by the FMCMT. If more than one allegation of spousal abuse is being considered under one case number (i.e., mutual abuse cases), please record each vote you make in separate case data sections using the same case number.
- ❑ circle the response that best describes your reaction to the final FMCMT decision on that particular case.

1. FAP Case Number ______________________________

Please mark the item that applies regarding your vote on this case.

( ) I voted to substantiate spousal abuse in this case

( ) I voted to unsubstantiate spousal abuse – did not occur in this case

( ) I voted to unsubstantiate spousal abuse – unresolved in this case

( ) I chose to abstain from voting in this case

( ) No vote was taken on this case

Regardless of how you voted above, please circle the response that **best** describes how you feel about the final team decision regarding this case.

Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
6	5	4	3	2	1

2. FAP Case Number ______________________________

Please mark the item that applies regarding your vote on this case.

( ) I voted to substantiate spousal abuse in this case

( ) I voted to unsubstantiate spousal abuse – did not occur in this case

( ) I voted to unsubstantiate spousal abuse – unresolved in this case

( ) I chose to abstain from voting in this case

( ) No vote was taken on this case

Regardless of how you voted above, please circle the response that **best** describes how you feel about the final team decision regarding this case.

Strongly Agree	Moderately Agree	Slightly Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
6	5	4	3	2	1

Appendix C

Appendix C: Research Study Assistance Sheet

Package Contents:

- ❑ One copy of Appendix A: FMCMT Data Collection Sheet
- ❑ Eight copies of Appendix B: Background Questionnaire
- ❑ Ten plain white envelopes
- ❑ One stamped, self-addressed return mailer

Step 1: Prior to the FMCMT meeting, complete the case substantiation/unsubstantiation data section of Appendix A. The areas to be completed are the case number and SW assessment areas. Space has been allotted for review of twelve new spousal abuse incidents. If your team will be reviewing more than twelve new cases, please copy the back page and attach those additional pages needed to account for all new incidents under review. Similarly, add the case numbers under review to pages 6-11 of Appendix B. Please ensure that the FAP case numbers on all forms match (case number 1 is the same on all forms, case number 2 is the same on all forms, etc) and correspond with the proposed case presentation order at the meeting. Contact FMCMT members to encourage them to arrive five to ten minutes prior to the starting time to allow time to read the cover letter and complete sections one and two of Appendix B.

Step 2: Bring all the materials listed above to the FMCMT meeting. Check off the appropriate section on page one of Appendix A as members of the FMCMT arrive and hand them Appendix B (along with a plain white envelope). Ask them to read the cover letter and complete sections one and two of the survey form. For the "Active duty member's squadron" block, check whether squadron representatives are invited to attend the FMCMT (under attendance) and whether they are allowed voting privileges at your installation's FMCMT (under voting member). Since squadron representatives vote only on those cases involving airmen under their command if allowed voting privileges,

they will not be involved in the data collection process for the purposes of this study (so there is no need to have them complete an Appendix B).

Step 3: As the FMCMT meeting proceeds, the FAO will announce for the team whenever a new spousal abuse incident is about to be reviewed. Please ensure the team members clearly understand which case number is being considered so that all members are responding to the same case on their survey forms. Following completion of the case status determination, have each voting member complete the two sections appropriate to that case while the FAO checks off the FMCMT decision on Appendix A.

Step 4: Upon completion of the meeting, have each voting member fold their survey form and seal them in the envelope provided earlier. The FAO will then gather all the sealed envelopes and seal them in the stamped, self-addressed return mailer prior to leaving the meeting. Please ensure that no more than ten envelopes are placed in the mailer, as the postage will only cover the cost for this amount. The final task is for the FAO to hand-deliver the mailer to the installation post office for routing back to the research team. Hand delivering to a postal employee is now required for larger packages due to the recent anthrax incidents.

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